STATUS OF HEALTH IN

ORISSA

1995

OVHA

ORISSA VOLUNTARY HEALTH ASSOCIATION

Community Health Cell
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BANGALORE

STATUS OF HEALTH IN ORISSA - 1995

Prepared By:

Dr. Aimas Ali
Ms. Shikha Nayak

INFORMATION & DOCUMENTATION CELL
ORISSA VOLUNTARY HEALTH ASSOCIATION
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Dr Almas Ali a haematologist by training is a distinguished health researcher of the country who has been involved for two decades in social research on health issues, particularly those issues pertaining to tribals and weaker sections of the society. He is currently the Member-Secretary of the Independent Commission on Health in India (ICHI), Honorary Secretary of OVHA and also a Senior Consultant in VHAI.

Ms. Shikha Nayak is a Senior Programme officer in charge of the Information Documentation Cell (IDC) of OVHA.

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PREFACE AND ACKNOWLEDGEMENTS

This document "Status of Health in Orissa – 1995" is completely a revised and an updated version of the previous documents namely "Health Status in Orissa" brought out in 1988 by the Orissa Voluntary Health Association (OVHA), Bhubaneshwar, "Health Situation in Orissa: A Statistical Profile" brought out by AVHAS, Bhubaneshwar in the year 1991, "Status of Health in Orissa – 1992" brought out by British Council Division (BCD), OHFWP Management office, Bhubaneshwar, and "Status of Health in Orissa – 1994" also brought out by British Council Division (BCD), OHFWP Management office, Bhubaneshwar, all prepared by the same author at different points of time. Unfortunately all these documents were in mimeographed form and had limited circulation. Need for such a document was always felt and is still felt by one and all who are associated with health and related work in the State of Orissa. Again, unfortunately only some of the top officials in Government health administration or a selected few intellectuals/professionals had/have access to previous documents (which incidently was meant for restricted circulation).

The data/information in the previous documents were related to older districts, and due to major administrative reorganisation of the state recently (from 13 districts to 30 districts), the district level data have become obsolete and because of this it became inevitable to come up with latest district level information for all the 30 districts.

When information is available in isolation, it has little scope of being used in a purposeful manner. The health planners, administrators, managers (of Govt. /NGO/private sectors) feel handicapped in formulating area/location-specific plans and evolving appropriate intervention strategies for effective implementation of such micro-level plans. Sometimes even those, who are involved in Government's health planning machinery or health services research/training often feel helpless for want of appropriate, adequate; accurate/relatively reliable data/information; what to talk of NGOs, sometimes one has to run for a single information from pillar to post - a really frustrating experience. Talking to NGOs, health administrators, academicians/ intellectuals/researchers in Orissa on the experience about available data, all shared a common view matching with the experience mentioned above. In the very context, the idea of making such a comprehensive document on health information in Orissa, public was mooted.

The present document, is an attempt towards matching the needs of all, be it a senior level health policy maker, planner, executive , academician or a peripheral/grassroot level worker be it the Govt. sector or NGO sector or private sector, be it a professional or a commoner/layman, one and all.

This document comprises of five sections, starting with a short discussion on yardsticks to measure health, on the reliability & applicability of vital and morbidity rates, and on the inter-relationship between health status and socio-economic development, the introductory section provides a brief overview of social deprivation & poverty in Orissa and sets out the magnitude of the health problems in the state. In the second section brief background information on Orissa is given. The third section focuses in depth on the current status of health in the state by analysing in detail the fertility, mortality and morbidity. In this section a very comprehensive list comprising 115 selected items (health and related indicators) in a tabular form is also furnished.

One more important feature of this section is the inclusion of district profiles for all 30 districts. In order to give a bird's eye view of a district (alongwith a district map) in separate pages, each district has been described with a caption "District Profile". Each "District Profile" not only gives a brief outline of socio-demographic profile of the district but also about the disease profiles along with Health Institutions/Infrastructures and personnel. Moreover, all the districts have been ranked according to some basic indicators. In addition to this in each district, the blocks have also been ranked by similar indicators. The fourth section provides an overview on the issue of "Tribal Health", which distinctly stands out as one of the most poignant aspects of health scenario in Orissa. As our National Health Policy (NHP) not only recognises NGOs as potential partners, but also as indispensable allies in the delivery of health care, therefore, we thought it would perhaps be appropriate to conclude with a discussion on NGOs in Health Care with particular reference to Orissa.

Most of data compiled in this report is from various secondary sources (both published and unpublished) like the Census Report 1991, other occasional publications/papers of Census; SRS (Sample Registration System); news letters, bulletins and other documents (including Survey of Causes of Death) published from the Registrar General's Office, Ministry of Home Affairs, New Delhi; State Government publications like reports from the Directorate of Economics & Statistics etc. A complete reference is annexed.

The compilation of statistics for our report was not an easy task. One of the most striking elements during this exercise of collection of data was the absence of reliable data on some important variables, as well as multiplicity and widely varying data under one single heading.

It is expected that this document would go a long way to fulfil the felt need of people of Orissa, from all walks of life. We, at OVHA strongly feel that this would be the beginning of a regular comprehensive documentation on health scene for the State of Orissa, which could be updated at regular intervals.

It would not have been possible to complete this assignment without the assistance of Mr. Himansu Sekhar Dutta, Programme Assistant, Information, OVHA and Mr. Nihar Ranjan Patra, Trainee Programme Assistant, OVHA. We wish to place on record our appreciation for the hard and untiring work put in by Mr. Himansu Dutta, for typing and preparing graphic presentations and Mr. Nihar Patra, for assisting us is preparing maps. We also like to express, thanks to Mr. Tamal Basu of VHAI for designing the cover page.We are thankful to Mr. Cedric B. Finch, and Mr. Shantanu Ganguly of VHAI for helping in the production of the document. We would also like to place on record our appreciation for the hard and untiring efforts put in by Mr. Rajeev Dang of Prolific Incorporated for giving the final shape to the document.

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Bhubaneshwar
25th July 1995

Dr. Almas Ali
Ms. Shikha Nayak

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I. INTRODUCTION

Yard Sticks of Health

There has been a tremendous amount of scientific advancement in the field of curative medicine in the world, but as we enter in the last decade of the century, we find that we are yet to evolve an accurate set of yardsticks to measure the health status of a community. While traditional methods for measuring the health status exist in the form of vital rates and morbidity studies, it is debatable, as to how ideal, appropriate and sensitive these yardsticks are in the present context. The World Health Organisation (WHO) defines health "as a state of complete physical, mental and social well-being, and not merely absence of disease or infirmity". Such a holistic definition, makes it even more difficult to measure health using traditional yardsticks like vital rates and mortality data.

Vital Rates and Mortality Rates

Today, paradoxically, the methods adopted to measure health, in fact measure the lack of health in a particular individual or community. Ideally, in a community, the vital rates need to take into account both qualitatively and quantitatively, all the vital events in life. Vital rates have important use in research, planning, monitoring and evaluation, in the areas of community health because they provide the only reliable measure of the state of health in groups of people and are in use as a standard measure all over the world. The concept of morbidity should cover the entire community in a manner which guarantees consideration of all relevant and inter-related factors in the area of ill-health. However, it is unfortunate that comprehensive morbidity surveys (both at national and state levels) are woefully lacking.

Out of these two kinds of data i.e., the vital rates and morbidity rates (as available from the health department), vital rates appear to be more reliable than morbidity figures, as they cover the entire population. Moreover, the morbidity figures suffer from a great many limitations (e.g., 'fever' or 'cough' as diagnosis does not make a valuable contribution to the purpose of framing an accurate disease profile by a number of unrelated medical conditions). On the other hand, vital rates consider only births and deaths and keep us almost ignorant of what goes on in between these two extremes. However, they show the magnitude of human waste in the form of death and also point towards its location and causes, if they are properly analysed.

Health Status and Socio-Economic Development

The health status of a population is but a reflection of the socio-economic development of the country/region/state and is shaped by a variety of factors - the level of income and standard of living, housing, sanitation, water supply, education, employment, health consciousness, personal hygiene, and by the coverage, accessibility and affordability of health services. Therefore, it is widely accepted that the poor health status of poor states is the product of inadequate nutrition, lack of a protected water supply, and overcrowded, and insanitary housing conditions. These conditions are conducive to the prevalence of deficiency diseases, air-borne diseases, and faecally related and water-borne diseases which dominate the morbidity pattern in less developed areas. In brief, these diseases arise from a set of conditions which in themselves represent poverty and deprivation.

Social Deprivation and Poverty in Orissa

The state of Orissa can rightly be described as a hapless cindrella of modern India. The trials and tribulations of Orissa are unique and no other state in the Indian union is as adversely placed in the context of development as this state, in notwithstanding its potentialities and endowed resources. Application of any index to measure development of Orissa will be a demonstration of its lowest position in the national scale. In order to understand the extent of poverty and social deprivation in Orissa in a comparative context, it

is imperative to compare some of the key economic/social/development indicators with the major states of the country. Whether one talks of per hectare productivity in agriculture, industrial output, dependence of people in the secondary or tertiary of economy sectors, employment scenario, per capita income, efforts for social modernisation or any other issue, Orissa is far below the national average and remains well behind other states in almost all respects and can be regarded as one of the poorest and least developed states in the country. In terms of quality of life also Orissa is definitely one of the poorest in the country. Over 40% of the population is officially stated to be living below the poverty line. Again, this is a state whose demographic composition reveals the pre-dominance of the tribals, scheduled castes and small peasants. Of this, the tribal communities comprise 22.21%. The most vulnerable social groups are women, scheduled tribe and scheduled caste. The vulnerable occupation groups are the landless and marginal farmers, artisans and marine fisher folks.

Interestingly and paradoxically enough, potentiality for the development of Orissa is immense. Rich mineral deposit in the state has put Orissa at the top of list of the states endowed with nature's bounty. Orissa has also got rich sources of ground water and vegetation. Its soil is fertile and conducive to better cultivation. But then why, despite such amazing reserves of energy Orissa is lagging behind ? In some sphere it has been said and that too rightly said that "Orissa is a sad symbol of man's ingratitude of nature". Orissa, thus presents the paradox of poverty in plenty.

Magnitude of Health Problems

The root causes of poor health status in Orissa are poverty and social deprivation, low literacy (especially female literacy), and structural inequalities in terms of class, caste and sex. Thus, most of the disease burden in the state could be directly or indirectly related/attributed to poverty. However, the other causes of ill-health are education & awareness levels, and perhaps not so efficient functioning of government health machinery.

Orissa has high levels of mortality (Infant Mortality Rate) is 110/1000 live births, Maternal Mortality Rate (MMR) is 738/1 lakh live births, Crude Death Rate is 12.2/1000 population) and malnourishment (moderate & severe malnourishment is over 30% & about 5% respectively).

We find in reality that the scenario of the state remains dismal and the survival standards are in no way better than the so called BIMARU states. Disease is rampant, diarrhoeal and parasitic diseases afflict 60% of the population, viral hepatitis is common, upper respiratory infections and complication of pregnancy & child birth are other causes of morbidity, anaemia amongst women and children, prevalence rates of communicable diseases are also a matter of grave concern, tuberculosis (PR 2.39), leprosy (PR 2.08) are two major communicable diseases in the state.

Orissa's malaria situation is of considerable concern and has significant implications, the state being the major contributor of malaria cases (15.1%) and deaths due to malaria (48%) of the total deaths due to malaria in India.

During the last 5 years or so Meningococcal meningitis has suddenly come up in epidemic forms during winter and early springs in certain parts of the state particularly in the districts of Kalahandi, Phulbani, Rayagada, Koraput and Gajapati.

To sum up, morbidity has roots in communicable diseases for the whole population, malnutrition is rampant among the children (under 5) and female population is at great risk from complication of pregnancy and child birth.

Therefore, Orissa has been experiencing the classical health problems of under development and social deprivation, namely, nutritional deficiencies and communicable diseases. The problem in Orissa is not necessarily and primarily one of the specific disease calling for a specific medical intervention along vertical lines, but a broad horizontal problem of poverty. Therefore, disease and health in Orissa should be looked at in context of social needs and be related to health and social inequities.

Given the situation, the present health scenario of Orissa, is a matter of concern & deserving of urgent and concerted action by all concerned.

II. ORISSA - BACKGROUND INFORMATION

Location

The State of Orissa extends from 17°.49' -N to 22°.34' -N latitude and from 81°.28' -E to 87°.29' -E longitude in the eastern coast of India.

Area and Population

The land Area of Orissa is about 155,707 Sq. Kms which is 4.74% of the total land area of India. As per 1991 census, the total population of the state stood at 31,659,736 which was 3.74% of the country and comprised of 15,595,590 females and 16,064,146 males.

Demographic Characteristics

Orissa has a comparatively low density of population with 203 persons per square kilometre compared to 273 persons per sq. km. at the national level according to 1991 census. As per 1981 census the density of population for the state was even less, - just 169 persons per Sq. Km.. Among the districts of the state the most thickly populated districts (having more than 400 persons per Sq. Km) are Khurda (765), followed by Jagatsingpur (577), Cuttack (504), Jajpur (480), Balasore (458), Kendrapara (451) and Puri (427), while the lowest density of only 69 persons per Sq. Km. is recorded in the district of Malkangiri, and Rayagada has also a density of population less than 100, i.e.; 94 persons per Sq. Km.. Thus there are 3 districts having density of population more than 500, 6 districts between 500 and 300, 5 districts between 300 and 200, 9 districts between 200 and 100, 5 districts between 150 and 100 and two districts which have density of population less than 100.

The sex ratio is generally, expressed as number of females per 1,000 males. A ratio of 1,000 indicates equal balance of males and females in population, less than 1,000 denotes deficit of women (low sex-ratio). The sex-ratio of Orissa has witnessed a fall from 981 in 1981 to 971 in 1991. However, proportion of females per 1,000 males is higher for the state than that of observed at national level which is 927. Among the districts of Orissa, Gajapati has recorded the highest ratio i.e.; 1027 females for every 1000 males. There are 6 districts which have sex-ratio more than 1000. These are Gajapati (1027), Nawapara (1002). Interestingly enough, the lowest sex-ratio is recorded in the district of Khurda just little above 900, i.e.; 903 females per 1000 males (this is the district which lodges the capital city of Bhubaneswar). The other four districts which have relatively less sex-ratio are the districts of Cuttack (919), Sundargarh (936), Angul (942) and Jharsuguda (944). During the decade 1981-91, the state has recorded the forth lowest growth rate which was +20.06 among the states of country after Kerala (14.32). Tamilnadu (15.39) and Goa (16.08) as against the national figure which was +23.85 during the same decade. In the previous decade i.e.; 1971-81, the state recorded the growth rate of +20.17. Among the districts the growth rate is more than the state average i.e.; more than +20.06 has been recorded in nine districts, these are Khurda (+32.39), Malkangiri (+23.88), Balasore (+23.55), Nawrangpur (+23.33), Angul (+22.31), Jajpur (+22.01) & Phulbani (+21.94). The two districts to record a growth rate of less than +15.00 were Gajapati (+13.00) and Nayagarh (+14.52). Interestingly, Mayurbhanj, which had the distinction of being the district having lowest growth rate in the last censuses i.e.; in 1971 & 1981, is now above twelve districts.

Settlement Pattern

Orissa lives in its villages. As many as 82.62% of the population in the 1991 census has been classified as rural. About 50,000 villages (46,989 inhabited villages as per 1991 census) in the state, small villages with population not exceeding 50% account for over 66% of the total. Those with population between 500-999 constituted little over 20% and 1000-1999 about 9.5%. Hardly, 2.5% of villages of the state have

population exceeding 2,000. Low density coupled with small villages widely scattered poses problem in providing services close to the habitations.

Administratively, there are 3 revenue divisions, 30 districts, 58 sub-divisions, and 314 community development blocks.

Urbanization

Even though, urban population has increased to 13.38% in 1991 from 11.80% recorded in 1991, still with the figure of 13.38% of the people living in the urban areas, the level of urbanisation in the state of Orissa is very low, compered to that of the country which is more or less double i.e.; over 26%.

The four districts which have lowest degree of urbanisation having less than 5% urban population are the districts of Nayagarh (3.35%), Jajpur (3.82%), Boudh (4.86) and Nawrangpur (4.95%). The four districts where the level of urbanisation is over 25% are the districts of Sambalpur (39.74%), Khurda (34.35%) and Jharsuguda (26.86%).

Scheduled Tribes (ST) & Scheduled Castes (SC)

The percentage of Scheduled Tribe population is 22.21% and that of the Scheduled Caste 16.20%, which put together comes to 38.41%. There are seven districts which have more than 50% ST population, the districts are : Mayurbhanj (57.87%), Nawrangpur (55.26%), Rayagada (54.99%), Sundargarh (50.74%), Koraput (50.35%) and Phulbani (50.13%). The districts where the ST percentage is less than 1% are Puri (0.23%), Kendrapara (0.40%) and Jagatsingpur (0.61%). Among the districts which have more than 20% SC population are Jajpur (22.87%), Sonepur (22.01%), Bhadrak (21.69%) and Jagatsingpur (21.69%). There are three districts which have less than 10% SC population, these are Mayurbhanj (7.00%), Sundargarh (8.76%) and Gajapati (8.81%).

Literacy

The literacy level in the state as per the 1991 census figures is 49.09% with a male literacy rate of 63.09% and female 34.68%. The districts of Khurda, Jagatsingpur, Cuttack, Puri and Kendrapara have 57.32%, 55.71%, 55.60%, 53.56% and 53.13% respectively (all these five districts have more than 50%). The two districts with literacy level less than 20%, are the districts of Nawrangpur (14.87) and Malkangiri 16.11%. The female literacy level in these two districts, i.e.; Nawrangpur, Malkangiri is 7.02% and 9.56% respectively (both districts have female literacy level less than 10%). Khurda (46.70%), Jagatsingpur (44.91%), Cuttack (44.44%), Kendrapara 42.63%) and Puri (41.84%) are the five districts of the state which record a female literacy level of over 40%.

The drop-out rate among the children in the age-group 6-11 years in respect of general, ST and SC category of students in 1991 was 46%, 72% and 56% respectively. Similarly, while the percentage of drop-outs among general, ST & SC students at the middle school level was 65%, 89% and 81% the same at high school stage was 67%, 93% & 87% respectively.

Agriculture

Agriculture forms the main-stay of Orissa's population and nearly 63.75% of the total working population is dependent on agriculture and engaged directly or indirectly in agricultural activities. While the main workers constitute 32.78% of the total population, the cultivators constitute 14.53% and agricultural labourers constitute 9:4% of the main workers. In the economy of Orissa also, agriculture occupies an important place as this sector contributes more than 50% of the state income, thus agriculture is the dominant factor in the state economy both from the point of view of the number of people depending on it for their livelihood and the contribution of this sector to the state income as well. The net area sown in the state was 57.60 lakh hectares and gross cropped area was 75.03 lakh hectares in 1990-91. Thus,

the cropping intensity was 130.2%. In 1992-93, the gross cropped area has increased by 3.2% to 77.46 lakh hectares as against a net sown area of 57.10 lakh hectares. The cropping intensity increased from 130.2% in 1990-91 to 135.7% in 1992-93. The area under rice accounts for as high as 68.3% of the total cropped area in 1992-93. The production of rice in 1990-91 was 52.8 lakh MT which was 91% of the total food grain production (58.0 MT). In 1991-92 the production of rice reached a record level of 66.6 lakh MT which was 90% of the total food grain production of 73.9 lakh MT. However, in 1992-93 not only the production of rice fell down to 53.9 lakh MT but also the total food grain production decreased to 61.0 lakh MT. Similarly the production of pulses which was 5.6 lakh MT in 1991-92 witnessed a fall of 3.6% i.e.; to 5.4 lakh MT in the year 1992-93. The yield rate of rice in Orissa was 12.13 Qtl/hectare in 1992-93 which was below the national average of 17.6 Qtl/hectare. By the end of 1992-93, the total irrigation potential created, which is 21.20 lakh hectares is about 37.1% of the net area sown.

State Income

According to recent estimates, the NSDP at current and constant prices (1980-81) for 1990-91 were Rs. 9664.28 crore and Rs. 4344.70 crore respectively. In 1991-92, a record agricultural production was witnessed due to favourable weather conditions as a result of which the NSDP at current prices (1980-81) stood at a higher level of Rs. 12214.90 crore and Rs. 4839.60 crore respectively. However, according to quick estimates of 1992-93 (latest) the NSDP at current prices has come down to Rs. 12922.21 crore's and Rs. 4703.21 crore respectively. The per-capita income of the state which was Rs. 3077 in 1990-91 increased to Rs. 3816 in 1991-92 at current prices and at constant prices it increased from Rs. 1383 in 1990-91 to Rs. 1512 in 1991-92. The per-capita income of 1992-93 as per the quick estimates, at current & constant prices (1980-81) stood at Rs. 3963 and Rs. 1442 respectively.

Flood Affected Areas

Particularly during Khariff season, vast areas of coastal plains are subject to severe flooding. Due to continuous submergence of Khariff crop under flood water, the crops get completely damaged, flooding generally takes place either early when the transplantation takes place or late during flowering season. It has an identical impact in terms of crop loss. Since the flood areas have hardly any scope of flow irrigation, there is a very little scope of raising a second crop.

Drought Affected Areas

Large areas of the state is drought prone because of irregular distribution, and deficient rainfall. Almost all districts of Orissa face drought situation, but the western uplands are more prone to drought. Because of continuous rain deficiency erstwhile Kalahandi district (now Nawapara) has achieved the dubious distinction of being referred as the "poverty basket of Asia". Due to drought the crop yield goes down by 75%. Out of 314 Community Development Block in Orissa 39 Blocks are classified as chronically drought prone.

Cyclone Affected Areas

During the month of October to November the coastal saline tracts of the state experience cyclone. The high velocity wind causes a lot of damage to the paddy crop. The damage to habitation is also considerable.

III. STATUS OF HEALTH IN ORISSA

The table below furnishes a list comprising of 115 items which provides insights about the status of health of the state.

Table I **: SELECTED HEALTH AND RELATED INDICATORS**

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
1	Population		1991	Census 1991
	Total	31,659,736		
	Male	16,064,146		
	Female	15,595,590		
	Rural	27,424,753		
	Urban	4,234,983		
2	Sex-ratio (females/1,000 males)	971	"	"
	Urban	866		
	Rural	988		
	SC	975		
	ST	1,002		
3	Decennial growth rate (1981-91)	+20.06	"	"
	Urban	+36.16		
	Rural	+17.91		
	SC	+32.69		
	ST	+18.89		
4	Area (in sq. kms)		"	"
	Total	155,707		
	Rural	153,258		
	Urban	2,449		
5	Density of Popn. (per sq. km.)		"	"
	Total	203		
	Rural	179		
	Urban	1,729		
6	% of urban Popn to total Popn.	13.38	"	"
7	% of rural Popn. to total popn.	86.62	"	"
8	%age of SC popn. to total popn.	16.20	1991	Census 1991
	* total SC popn	5,129,314		
	* % contribution to share of country's SC popn.	3.76		

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
9	%age of ST popn. to total popn. • total ST popn. • % contribution to share of country's ST popn.	22.21 7,032,214 10.84	1991	Census 1991
10	% of main workers to total popn. Total Male Female Rural Urban	 32.78 52.86 12.10 33.37 28.93	"	"
11	Break-up of main workers (% to total workers) Cultivators Agricultural Labourers Others Workers participation rate Total workers as % of total Popn. Persons Males Females	 44.31 28.68 27.94 37.53 53.79 20.79	"	"
12	Literacy Total Rural Urban Male Female	 49.09 45.46 71.99 63.09 34.68	"	"
13	Male-Female Differential in Literacy Rate	28.41		
14	Urban-Rural Differential in literacy Rate	26.55		
15	Broad age distribution of estimated popn. in yrs. (% to total popn.) 0-4 Yrs. 5-9 Yrs. 10-14 Yrs. 0-14 Yrs. 15-59 Yrs. 60+ Yrs.	 12.70 10.60 11.40 34.70 59.80 6.10	1991	Fertility/Mortality Indicators 1991 of the R.G, Ministry of Home Affairs, Nov. 1993

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
16	Child Women Ratio P(0-4)/F(15-59) P(5-9)/F(20-54)	 504 708	1989	FW programme in India year book, Dept. of FW, GOI. 1990-91
17	Dependency Ratio	854	"	"
18	Expectancy of life at birth Male Female	 60.13 58.4	1991-96	R.G's Office data sheet 1991
19	Crude Birth Rate (CBR) Combined Rural Urban	 27.20 27.70 23.10	1993	SRS, R.G's Office 1995
20	Crude Death Rate (CDR) Combined Rural Urban	 12.20 13.10 6.10	"	"
21	Infant Mortality Rate (IMR) Combined Rural Urban	 110 115 69	"	SRS, R.G's Office 1995
22	Perinatal Mortality Rate Combined Rural Urban	 68.80 70.80 44.50	1992	SRS, 1992, F & M Indicators R.G'S Office 1995
23	Neo-natal Mortality Rate Combined Rural Urban	 73.00 75.00 49.40	"	"
24	Post-natal Mortality Rate Combined Rural Urban	 42.00 43.00 30.60	1992	SRS, F & M Indicators 1992. R.G's Office 1995
25	% of infant deaths to total deaths Combined Rural Urban	 27.30 27.70 22.00	"	"

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
26	% of Neo-natal deaths to infant deaths		1992	SRS, F & M
	Combined	63.70		Indicators
	Rural	63.80		1992.
	Urban	62.00		R.G's Office 1995
27	% age of deaths among children		"	"
	(0-4 Yrs.) to total deaths			
	Combined	36.50		
	Rural	27.00		
	Urban	29.70		
28	Still Birth Rate		"	"
	Combined	21.70		
	Rural	22.70		
	Urban	18.50		
28a	Maternal Martality Rate (MMR)	738	1992	NFHS, 1992
29	General Fertility Rate (GFR)		"	"
	Combined	105.60		
	Rural	108.30		
	Urban	80.90		
30	General Marital Fertility Rate (GMFR)		1991	SRS F & M
	Combined	151.90		Indicators
	Rural	155.30		Indicators 1992
	Urban	119.80		R.G's Office 1995
31	Age Specific Fertility Rate (ASFR)		1992	SRS, F & M
	15-19 Yrs.	58.20		Indicators 1992
	20-24 Yrs.	208.50		R.G's Office
	25-29 Yrs.	185.20		1995
	30-34 Yrs.	100.80		
	35-39 Yrs.	48.40		
	40-44 Yrs.	16.80		
	45-49 Yrs.	5.50		
32	Age Specific Marital Fertility Rate		"	"
	(ASMFR)			
	15-19 Yrs.	284.50		
	20-24 Yrs.	303.10		
	25-29 Yrs.	205.90		
	30-34 Yrs.	106.90		
	35-39 Yrs.	52.20		
	40-44 Yrs.	18.70		
	45-49 Yrs.	6.60		

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
			"	"
33	Total Fertility Rate (TFR)			
	Combined	3.10		
	Rural	3.20		
	Urban	2.30		
			"	"
34	Total Marital Fertility Rate (TMFR)			
	Combined	4.90		
	Rural	4.90		
	Urban	4.80		
			"	"
35	Gross Reproduction Rate			
	Combined	1.50		
	Rural	1.60		
	Urban	1.10		
			"	"
36	Female Age at Effective Marriage			
	Combined	20.70		
	Rural	20.20		
	Urban	23.30		
37	Couple Protection Rate	41.64	1991	.
38	% of ever Married Women (50 yrs. & above) with Number of live Births		1992	"
	Total	10.70		
	Rural	10.59		
	Urban	11.97		
39	No of Married Females (in '000)	43.46	"	"
40	Couples per 1000 Population		"	SRS, F & M Indicators 1992 R.G's Office 1995
	Rural	165.70		
	Urban	158.20		
41	% Distribution of Households living in		"	Census of India paper 2 of 1993 Housing & Amenities Ministry of HA, New Delhi 1994
	*Pucca			
	Combined	18.71		
	Rural	13.00		
	Urban	54.95		
	*Semi-Pucca			
	Combined	22.06		
	Rural	22.63		
	Urban	18.40		
	*Kutcha Houses			
	Combined	59.23		
	Rural	64.37		
	Urban	26.65		

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
42	% of Households having safe Drinking Water		"	"
	Combined	39.07		
	Rural	35.32		
	Urban	62.83		
43	% of SC, ST, & Other Households having safe drinking water		1991	Census of India, Series Series 1, India Paper 2 of 1993, Housing & Amenities,
	SC	42.69		
	ST	34.71		
	Others	39.75		
44	% of households having electricity		"	A Brief Analysis of the Housing Tables of 1991 Census Demography
	Combined	23.54		
	Rural	17.45		
	Urban	62.11		
45	SC, ST & other households having Electricity		"	Division, Office of R.G, Ministry of HA, New Delhi 1994
	SC	14.14		
	ST	6.91		
	Others	33.61		
46	% of households having toilet facility		"	"
	Combined	9.81		
	Rural	3.58		
	Urban	49.27		
47	% of SC, ST & other households having Toilet Facilities		"	Census of India, Series 1, Paper 2 of 1993, Housing and Amenities R.G's Office, 1993.
	SC	3.82		
	ST	1.60		
	Others	15.22		
48	% of households having electricity, safe drinking water and toilet		"	"
	SC	1.86		
	ST	0.84		
	Others	8.47		
	In Rural Areas			
	SC	0.52		
	ST	0.26		
	Others	1.60		

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
49	% of households having none of the facility	"	"	
	SC	49.12		
	ST	61.14		
	Others	41.33		
50	% Distribution of Households by type of Fuel Used for Cooking		1991	Census of India, Series 1, India. Paper 2 of 1993. Housing & Amenities
	*Cow-Dung			
	Combined	13.50		
	Rural	15.21		
	Urban	2.70		
	*Electricity		"	A brief Analysis of the Housing tables of 1991 Census" Demography Division Office of R.G, Ministry of HA, New Delhi 1994
	Combined	0.68		
	Rural	0.28		
	Urban	3.23		
	*Coal/Coke/Lignite			
	Combined	2.41		
	Rural	0.64		
	Urban	13.65		
	*Charcoal			
	Combined	0.57		
	Rural	0.22		
	Urban	2.80		
	*Cooking Gas			
	Combined	2.27		
	Rural	0.42		
	Urban	13.98		
	*Wood			
	Combined	73.47		
	Rural	77.13		
	Urban	50.28		
	*Bio-Gas			
	Combined	0.26		
	Rural	0.23		
	Urban	0.43		
	*Kerosene			
	Combined	1.77		
	Rural	0.29		
	Urban	11.13		
	*Others			
	Combined	5.03		
	Rural	5.56		
	Urban	1.65		
50a	Human Development Index (HDI)	0.21	1992	Hunger Project, UP
50b	Household Misery Index (HMI)	4.0	1995	Ashish Bose's Vulnerable States & Districts (Un-Published)

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
51	% of Moderately (Gr.II) Malnourished Children	48.30	1978	Situation Analysis UNICEF, 1993
		12.20	1988	DHS, UNICEF,
		58.50	1989	1989
	In ICDS Blocks,1988	26.30	1988	ICDS,Blocks
		26.90	1991	1988
52	% of Severely (Gr.III & Gr.IV) Malnourished Children	12.90	1978	Situation Analysis 1990, UNICEF
		13.50	1989	
		3.10	1988	DHS,ICDS 1988
	In ICDS Blocks,1988	5.90	1988	"
		4.60	1991	ICDS 1991
53	Average dietary Iron Intake per capita per day (mg)	31.30	1975-82	UNICEF, 1990
54	% of households with Calorie protein inadequacy	36.00	1975	NNMB Data
55	Iron intake (mg/day) of pre-school Children	11.50	1975-80	MNMB Data
56	% of Vitamin 'A' Deficiency		1982	Situation Analysis
	Pre-School Children	10.60		
	School going Children	10.50	1990	UNICEF, 1993
57	% of high risk female for pregnancy (weight less than 38 kgs)		1974-79	"
	20-24 Yrs.	16.00		
	25-29 Yrs.	24.00		
	30-34 Yrs.	22.00		
	35-39 Yrs.	28.00		
	40-44 Yrs.	29.00		
58	% of high risk female for pregnancy (height less than 145 cm)		1974-79	Situation Analysis UNICEF 1993
	20-24 Yrs	23.00		
	25-29 Yrs	25.00		
	30-34 Yrs	22.00		
	35-39 Yrs	27.00		
	40-44 Yrs	22.00		

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
59	Prevalence of disability Per 1 lakh Popn.		1985	"
	A) Visual			
	Rural	758.00		
	Urban	501.00		
	B) Hearing (5 Yrs +)			
	Rural	842.00		
	Urban	382.00		
	C) Speech (5 Yrs +)			
	Rural	303.00		
	Urban	214.00		
	D) Locomotor			
	Rural	729.00		
	Urban	629.00		
60	% of death by type of attendance		1992	SRS, FM Indicators 1992 R.G's Office Nov. 1993
	*Institutional			
	Combined	10.90		
	Rural	9.90		
	Urban	18.80		
	*Domiciliary (attended by trained professionals			
	Combined	25.40		
	Rural	23.40		
	Urban	41.30		
	*Domiciliary (attended by untrained workers and others)			
	Combined	63.80		
	Rural	66.80		
	Urban	39.90		
61	% distribution of deaths by major cause groups		1991/1992	Annual Report - 23 Jan. 1992, Office of R.G, New Delhi Survey causes of Deaths (Rural) Annual Report, 1991 Series 3, No 24 Dec. 1992.
		1991 1992		
	Disease of Circulatory System	18.7 23.3		
	Senility	16.1 18.2		
	Causes peculiar to Infancy	11.3 10.6		
	Coughs	15.4 13.8		
	Digestive Disorders	9.3 7.7		
	Disorder of CNS	7.6 8.3		
	Other Clear Symptoms	9.6 6.9		
	Fevers	5.5 4.4		
	Accidents & Injuries	5.2 5.5		
	Child Birth & Pregnancy	1.3 1.6		

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
62	% distribution of deaths by specific causes under "Disease of circulatory system"		"	Annual Report No 23, Jan. '92 Office of R.G, New Delhi Survey causes of death (rural) Annual Report 1991, Series 3 No 24, Dec. '92
		1991 1992		
	Heart Attack	12.3 13.1		
	Anaemia	47.5 30.4		
	Other Heart Diseases	40.2 56.5		
63	% Distribution of deaths by specific causes under "Causes peculiar to infancy"		"	
		1991 1992		
	Prematurity	68.0 67.8		
	Respiratory Infection	15.6 16.8		
	Diarrhoea of new born	2.0 0.0		
	Cord Infection (incl. Tetanus)	2.0 3.4		
	Congenital Malformation	2.0 1.3		
	Birth Injury	0.7 0.7		
	Not Classifiable	9.5 10.1		
64	% Distribution of deaths by specific causes under "Cough"		" "	
		1991 1992		
	Asthma/Bronchitis	47.5 35.4		
	Pneumonia	23.5 40.5		
	TB of Lungs	24.5 21.5		
	Whooping Cough	0.5 0.0		
	Not Classifiable	4.0 2.6		
65	% Distribution of deaths by specific causes under "Digestive Disorders"		1991/1992 "	
		1991 1992		
	Acute Abdomen	16.5 17.4		
	Gastroenteritis	30.6 33.9		
	Dysentery	32.2 9.3		
	Peptic Ulcer	19.0 24.8		
	Food Poisoning	0.0 0.9		
	Cholera	0.0 0.0		
	Not Classifiable	1.7 3.7		

Sl No	ITEMS	PARTICULARS		YEAR	SOURCE
				"	"
66	% distribution of deaths by specific causes - "Other clear symptoms"	1991	1992		
	Cancer	18.4	26.5		
	Jaundice	17.6	32.0		
	Cirrhosis of Liver	11.2	9.3		
	Diabetes	8.0	5.2		
	Tetanus	4.8	1.0		
	Uraemia	6.4	3.1		
	Mental Diseases		1.0		
	Measles		0.0		
	Obstructed Hernia		1.0		
	Leprosy		3.1		
	Polio		1.0		
	Others	33.6	26.8		
67	% distribution of deaths by specific causes under "Fevers"	1991	1992	"	Annual report no 23 Jan.1992, Office of R.G, New Delhi, Survey Causes of death (rural), Annual Report 1991.series 3, no 24, Dec. 1992.
	Typhoid	12.7	16.1		
	Malaria	14.1	12.9		
	Influenza	14.1	11.3		
	Not Classifiable	59.2	59.7		
68	% distribution of deaths by specific causes under "Accidents & Injury"	1991	1992		
	Vehicular Accidents	11.8	10.4		
	Suicide	36.8	41.6		
	Burns	7.4	7.8		
	Drowning	8.8	7.8		
	Snake Bite	19.1	13.0		
	Fall	1.5	3.9		
	Homicide	2.9	1.3		
	Natural Calamity		1.3		
	Rabies		5.2		
	Others	7.4	7.8		
69	% distribution of deaths due to ten selected important diseases	1991	1992	1991/1992	Annual report No 23 Jan. 1992, Office of R.G, New Delhi Survey of Causes of Deaths (rural) Annual report 1991, Series 3 No 24, Dec. 1992.
	Anaemia	10.5	8.9		
	Bronchitis/Asthma	6.7	7.3		
	Heart Attacks	3.5	2.3		
	Gastroenteritis	4.9	2.8		
	TB of Lungs	2.4	3.8		
	Dysentery	3.1	-		
	Cancer	2.4	1.8		
	Pneumonia	3.6	3.6		
	Acute Abdomen	1.9	-		
	Prematurity	6.8	7.7		
	Others	44.2	61.8		

Sl No	ITEMS	PARTICULARS		YEAR	SOURCE
70	% Distribution of Infant deaths			1991/1992	"
	Under Major Cause Group	1991	1992		
	Causes peculiar to Infancy	63.6	46.6		
	Coughs	10.4	10.6		
	Fever	2.2	2.8		
	Digestive Disorder	6.1	25.9		
	Disease of Circulatory System	7.8	5.9		
	Diseases of CNS	2.2	4.4		
	Accident & Injury	-	2.4		
	Other Clear Symptom	7.8	3.4		
71	% Distribution of Death by Specific Causes under major Cause-group, Disorders of "Central Nervous System"				
	Paralysis	47.00		1992	Survey of Causes of Death (Rural) 1992
	Convulsion	12.00			
	Meningitis	7.70			
	Not Classifiable	33.30			
72	Malaria	1993	1994	1993/1994	DHS, Govt. of Orissa, 1995
	ABER	9.12	9.39		
	SBR	9.91	10.27		
	SFR	8.39	8.61		
	API	9.05	9.65		
	Pf%	84.67	83.81		
73	TB (Prevalence Rate)	2.39		1993-94	"
74	Leprosy	1994	1995	1994/1995	"
	Prevalence Rate	2.08	1.85		
	Active Cases Registered	69,947	63,266		
	Deformity Rate	3.80	3.32		
	Child Rate	21.50	19.24		
75	Estimated Diarrhoeal Episodes (In Lakh)	14.16		1991	UNICEF 1992
	Estimated Death Due to Diarrhoea (In Lakh)	1.00		"	"
76	% contribution by major diseases to OPD cases	1992-93			"
	TB	0.211			
	Leprosy	0.10			
	Malaria	2.816			
	STD	0.057			
	Childhood Diseases	0.013			
	ARI	6.698			
	Obstric Causes	0.044			
	Nutritional Deficiencies	1.292			

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
77.	% of total disabled population		1981	
	*Totally Blind			
	Total	45.07		
	Rural	45.57		
	Urban	38.15		
	*Totally Crippled			
	Total	32.48		
	Rural	31.94		
	Urban	39.88		
	*Totally Dumb			
	Total	22.45		
	Rural	22.49		
	Urban	21.95		
78	No of Hospitals		Mar 1994	DHS, Govt. of Orissa 1995
	Medical College Hospitals	3		
	District HQ Hospitals	30		
	Sub-divisional Hospitals	24		
	Specialised Hospitals	11		
	Other Govt. Hospitals	111		
79	No of Community Health Centres (CHC)	153	"	"
80	No of Primary Health Centres (PHC)		"	"
	- PHCs	189		
	- Upgraded PHCs	42		
	- PHCs (New/Addl.)	644		
81	No of Dispensaries		"	"
	- Urban	17		
	- Rural	125		
	- Total	142		
82	No of Medical Aid Centres (MAC)	39	"	DHS, Govt. of Orissa, 1993
83	No of Subsidiary Health Centres (SHC)	172	"	"
84	No of Mobile Health Units (MHU)	27	"	"
85	Total no of Medical Institutions under Health Department	1,543	"	"
86	No of Sub-centres under Family welfare Department	5,927	1994	Compiled from FW Dept., Goo, 1994
87	Total no of all medical Institutions under both the departments	8,545	"	"

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
88	Total no of Beds	13,148	"	"
89	Average rural population served by a CHC (In Lakh)	1.79	Dec. 1994	Rural Health Statistics in India for the Quarter ending Dec. 1994
90	Average rural area covered by a CHC (In Sq. km)	1002.73	"	"
91	Maximum radial distance covered by a CHC (In km)	17.86	"	"
92	Average number of villages served by a CHC	332.59	"	Rural Health Statistics in India For the Quarter ending Dec. 1994
93	Average rural population covered by a PHC	26,019	"	"
94	Average rural area covered by a PHC (In sq. km)	145.55	"	"
95	Maximum radial distance covered by a PHC (In km)	6.80	1994	Rural health Statistics in India for the Quarter ending on Dec. 1994.
96	Average number of villages served by PHC	48.27	"	
97	Average rural population served by a - Sub-centre - PHC	 4,627 26,019	"	"
98	Average rural area covered by a Sub-centre (In sq. km) Maximum radial distance covered by a Sub-centre (In km)	25.88 2.87	" "	" "
99	Average no of villages served by a - Sub-centre - PHC - CHC	 8.59 48.27 332.59	"	"

Sl No	ITEMS	PARTICULARS	YEAR	SOURCE
100	Ratio of CHC:PHC	1 : 6.8	"	Calculated from the latest data available from health & FW Dept., Govt. of Orissa,1994
101	Ratio of PHC:SC	1 : 5.6	"	
102	Total no of Doctors	4,999	"	
103	Total no of Pharmacists	1,696	"	
104	Nursing Staff - Staff Nurse - Nursing Sisters - Chief Matron - Matron - Asst. Matron - No. of Public Health Nurse - District Public Health Nurse	 2,182 235 3 5 23 94 12	1995	"
105	No of ANMs Sanctioned In posting	 7,004 6,900	Mar 1994	Calculated from latest data available from FW dept. Goo. 1994
106	No of lady Health Visitors (LHV) Sanctioned In posting	 1,023 1,007	Mar 1994	"
107	No of MPWs (M)	4,411	Mar 1995	Health & FW Dept., Goo,
108	Opthalmic Assistants	203	1994	"
109	Dental Technicians	20	"	"
110	MP Rehabilitation Assistants	13	"	"
111	Prosthetic Technicians	13	"	"
112	Ear mould Technicians	13	"	"
113	Sanitary Inspectors Sanctioned In posting	 982 731	"	"
114	Physiotherapists	12	"	"
115	Lab-technicians	458	"	"

Table II : **POPULATION DISTRIBUTION BY DISTRICTS, BLOCKS AND VILLAGES**

NUMBER OF	ORISSA	INDIA
Districts	30	452
Blocks	314	5,143
Villages	46,989	5,88,651
Average popn. per District ('000)	1,055	1,867
% of villages with popn. less than 500	66.00	48.60
Density of Popn. per Sq. Km.	203	273

Fertility, Mortality and Morbidity Data

The above table (table no. 1) is more or less self-explanatory. However, some important points have been discussed below in order to give a brief overview of health situation in the state by analysing some of the fertility, mortality and morbidity indicators.

Fertility Indicators

Crude birth rate (CBR) is the most commonly used measure of fertility and in Orissa as per the latest available figures {1993 (P) SRS}, it stands at 27.2 (rural 27.7 & urban 23.1). In 1991 the figure was 28.8 (rural 29.6 & urban 21.6), which show that during the period between 1991 & 1993 there is a clear and perceptible downward change. As seen from the figure (CBR data for last 20 years), it is observed that till 1988 the CBR of the State did not show a clear perceptible change year after year and fluctuated between 30 and 36 and rural rates were invariably higher by about 2.4 points. General Fertility Rate (GFR), is yet another measure of fertility expressed as the number of live births per thousands women in the reproductive age-group 15-49 years. As per 1993 SRS (latest available) GFR was found to be 108.3 for rural Orissa, 80.9 for urban areas and 105.6 rural and urban combined. The GFR for Orissa during the period 1981-83 was 133.8 and has definitely shown some decline. The age pattern of fertility is indicated by the Age-specific Fertility Rates (ASFR). In Orissa, fertility is relatively low in the age group 15-19 (58.2) but shoots up sharply to reach a peak in the age-group 20-24 years i.e. 208.5 and remains relatively high 185.2 in the age-group 25-29 years but comes down very much thereafter at an accelerated pace with increase in age. The cumulative value of the ASFRs at the end of the reproductive period gives a measure of fertility known as Total Fertility Rate (TFR) and TFR for Orissa worked out on the basis of ASFR of 1993 is 3.1 (rural 3.2 and urban 2.3). There is a slight decline in TFR over the years (4.2 in 1977). However, the TMFR is 4.9. When the age specific fertility rates are calculated on the basis of female births only, then the cumulative value of ASFRs at the end of the reproductive period gives the Gross Reproduction Rate (GRR). The GRR for Orissa is 1.5.

Information on distribution of births by type of attention before delivery is likely to be useful by way of indicating the extent of availability of institutional and professional medical help. In Orissa only 9.8% of all births are institutional births, the figure for domiciliary (attended by trained professionals) births is 18.0. Over two-third (76.1%) of births in the State are attended by untrained professionals and others.

Mortality Indicators

Though *Crude Death Rate (CDR)* is the most commonly used measure of mortality level, of people residing in that region, it is only a very rough estimate of mortality and for a better and clearer understanding, this has to be supplemented by age-specific mortality. If we look at the graphical presentation of CDR data for last 20 years (vide fig.), the declining trend in the CDR has been fairly steady from the levels of 18 deaths per 1000 population in early seventies (1972-74) to less than 12.5 (i.e. 12.3) in 1988. However, after 1988 some disturbing trends are being observed. The CDR figure of 12.3 (for the year 1988), increased slightly to 12.7 in 1989 but came down to 11.7 in 1990 and had again gone back to its 1989 level i.e.; 12.7 in 1991. According to 1993 (P) figures the CDR is 12.2.

Infant Mortality Rate (IMR) is considered to be a very sensitive indicator of health status. Unfortunately enough, Orissa has a very high level of Infant Mortality as per the latest available published data {SRS, 1993 (P)}, it is 110 per 1000 live births - 69 in urban and 115 in rural areas (the highest in the country). A close look at the IMR figures during the last few years (1986-91) shows that it is fluctuating between 121 and 126, and had never touched even the 120 mark. In last seven years this is the first time when the figure has come down to 110. However, before drawing any conclusion there is a need to assess the determinants which govern the variety of differentials behind infant mortality. In order to do so it is necessary to have an idea about the various components/elements which make up Infant Mortality, viz: Neo-natal mortality (upto 28 days) and post-new-natal mortality (from 28th day through 11 months). Examination of IMR by it's components (neo-natal & post-neo-natal), indicates in no uncertain terms that there has been much greater decline in post-neo-natal rates than neo-natal rates and whenever there is a decline in IMR (1988-121 & 1989-122), it was not necessarily accompanied by a decline in neo-natal rates. In fact, the neo-natal rates for Orissa is usually high - it is highest in the country 73.0 and the percentage of neo-natal deaths to total infant deaths is about 63.7% and this particular component (neo-natal) has remained rather stubborn during the last decade. The peri-natal mortality rate is also very high (68.8), and includes foetal deaths beyond 28 weeks of gestation, deaths of infants at birth and infant deaths within seven days of birth. This is a very sensitive indicator reflecting standards of health care prior to and during pregnancy and child birth as well as effectiveness of social support to the vulnerable segments of the population. There are no doubt several contributory factors but one of the main cause could be relatively high incidence of low birth weight babies (about 38% to 40% of the new born's have low birth weight - less than 2500 gms). In fact about 80% of all neo-natal deaths occur in LBWs. Therefore, it could be safely inferred that one of the most important causes of neo-natal/infant deaths may be directly/ indirectly attributed to maternal origin, (mostly due to maternal malnutrition and lack of antenatal care of expectant mothers). Therefore, perhaps, reduction of LBW babies and improvement in the mean birth weight babies is the key to improve neo-natal and infant survival in the state.

Though, no systematic survey, study on Maternal Mortality has been conducted in Orissa, the figures for female mortality from 15-30 (particularly during child bearing/reproductive age) is greatest in relative rather than numerical terms, compared to old age brackets. This is particularly striking and provides some insights about its relation to maternal mortality or maternal deaths which are either directly from complications related to pregnancy, delivery or their management or indirectly on account of aggravation by pregnancy or child birth of an existing abnormal condition. Though, no authentic figures for MMR in Orissa is available at the moment but estimates places it at 738 per 1 lakh live births.

Graphic presentations of time-series data on some selected indicators viz: CBR, CDR, IMR, (trends for 20 years), life expectancy (trends for last 30 years) and sex-ratio (trends for last 90 years) have been furnished.

Morbidity/Mortality Pattern

In order to get an overview of the prevailing disease pattern in the state, we have made use of data on Survey of Causes of Death (rural), published by "The Registrar Generals (RGs) office, which are of reasonably good quality, What follows, next is a brief analysis of mortality pattern based on the latest available Survey of Causes of Death data (for last four years - 1988-91).

The most useful information provided by this Survey of Causes of Death relates to distribution of deaths according to major cause groups of deaths. Individually, they comprise a number of specific diseases which have symptoms association that are usually observed during the advanced stage of the disease. The broad classification are relevant and useful for studying the cause profile of mortality in rural areas. The percentage distribution of deaths according to major cause groups for the last five years (1988, '89, '90, '91 and '92) is furnished below.

***Table III* : Percentage distribution of deaths by major cause-groups, 1988-1991**

	Name of the Major Cause Groups	Year			
		1988	1989	1990	1991
1.	Disease of circulatory system (Anaemia, congestive heart failures /diseases, heart attacks/schematic heart disease, others)	16.0	18.0	19.5	18.7
2.	Coughs (diseases of respiratory system viz: Asthma & Bronchitis, TB of lungs, pneumonia, whooping coughs, others)	13.5	16.5	14.5	16.1
3.	Senility	15.2	10.2	13.1	15.4
4	Digestive Disorders (Gastroenteritis, acute abdomen, dysentery, peptic ulcer, food poisoning, cholera & others)	14.9	11.6	10.5	9.6
5.	Causes peculiar to infancy (Prematurity, respiratory infections of new born, cord infection, congenial malformation, birth injury & others)	8.5	9.6	8.6	9.3
6.	Other clear symptoms (cancer, measles, jaundice, cirrhosis of liver/chronic liver disease, diabetes, tetanus & others)	8.7	9.6	7.7	7.6
7.	Disorders of central nervous system (paralysis or cerebral apoplexy, meningitis, convulsions, others)	3.9	4.6	7.0	5.5
8.	Accidents and Injuries (Vehicular, suicide, drowning, burns, snake-bites, fall, homicide & others)	7.3	5.6	5.7	5.2
9.	Fevers (Typhoid, malaria, influenza & others)	0.7	1.8	1.4	1.3
10.	Child birth and pregnancy (Abortion, toxaemia, anaemia, bleeding of Pregnancy & puerperium, puerperal sepsis, others)				

The major cause-group "Disease of Circulatory System" is retaining the first position with an increased percentage from 16.0% in 1988 to 23.2% in 1992. Major cause group "Coughs" (disorders of respiratory system) has decreased in percentage (13.8%) as compared to previous year (15.4%). The share of deaths due to old age (senility) declined from 15.2 in 1988 to 10.2 in 1989, but from 1990 onwards it has shown an upward trend and in 1992 it is 18.2%. Under major cause-group "Digestive Disorders", percentage of deaths is fluctuating between 7.7% to 12%.

The share of deaths due to the major cause-group "Causes Peculiar to Infancy" declined from 14.9 in 1988 to 10.6 in 1992. Under major cause-group "Other clear symptoms" percentage of deaths during the three year period (1988-91) had remained around 9% , but has declined to 6.9% in 1992. The share of deaths due to disorders of CNS is 8.3%. "Accidents and Injuries" accounted for about 3.9% of the total deaths in 1988, 4.6% in 1989, 7.0% in 1990, and 5.5 in 1992, of the total reported deaths. Deaths under the major cause-group "Fevers" has been reported to cover about 4.2%. Deaths due to major cause group "Child-Birth and Pregnancy" remain around 1% during this period (1.6% in 1992).

As per the latest data (1992), under the major cause group "Disease of Circulatory System", Anaemia has contributed about 30.4%. "Bronchitis and Asthma" 35.4%, Pneumonia 40.5% and TB of lungs 21.5% are prominent diseases in the major cause group "Coughs". Under the major cause group "Digestive disorders", deaths due to Gastroenteritis have reported to cover about 33.9% followed by "Peptic Ulcer" 24.8% "Dysentery" 19.3% and Acute abdomen 19.0%. Prematurity deaths accounting for 67.8% is the major killer in the cause group "Causes peculiar to infancy". Under the category "Other Clear Symptoms", Jaundice has contributed about 32.0% of the deaths followed by "Cancer" 26.57%, and cirrhosis & chronic liver disease 9.3%. "Suicide" has accounted 41.6% under the major cause-group "Accidents & Injuries" followed by snake-bite 13%, vehicular accidents 10.4%, Drowning 7.8% and fall from height 3.9%. 16.1% of the total deaths under "Fevers" has been reported due to "Typhoid" and "Malaria" 12.9% and "Influenza" 11.3%. However, interestingly enough, 59.7% of deaths under this cause-group was reported under "Not classifiable". The relatively high percentage 59.7% of deaths due to non-classifiable fevers provides sufficient basis for doubt for proper differential diagnosis and perhaps under-reporting/ misdiagnosis of malaria and this aspect requires special attention & in-depth probing.

An attempt has also been made to study in some detail the mortality pattern according to specific causes of death from certain selected and important cause-groups in Orissa and to compare it with the all India figures. The data for these years, have been furnished in graphical presentation which are more or less self-explanatory.

Diseases of infancy and child hood

Over 60 per cent of the disease prevalent in Orissa are water related. Some of the communicable diseases are present throughout the year, example; various forms of diarrhoea and dysentery, typhoid worms infestations and viral hepatitis. Malnutrition and lack of potable drinking water are often manifested in gastroenteritis, leading to higher mortality among children. Diarrhoeal disease is one of the major killers of infants (in post-neo-natal period) and children in Orissa, followed closely by Acute Respiratory Infection (ARI). Available information suggest that over one-forth 28% of children under 5 years of age succumb to diarrhoea every year and thus diarrhoeal diseases rank high as one of the leading causes of child death. Pneumonia mostly contributes about a sixth (little over 15%) of mortality under 5 years of age. Case fatality varies from 5 to 7%.

The other important killer diseases of infancy and childhood are measles (little over 10%), tetanus (6%), tuberculosis infections, fevers like malaria, typhoid and hepatitis. In the majority of fatal cases, the common underlying factor is malnutrition. Poliomyelitis seem to result more in debility and disability than in death. The incidence of Helminthic infestations in children seems to be also quite high. There are pockets in the state where the incidence of Ascaris and Hook-worm are very high over 40%.

Thus, it is clear that infections and parasitic diseases and diseases of respiratory and digestive systems which are bacterial or viral in nature constitute main causes for inpatient admissions and attendance at PHCs. Therefore, a pattern of environmental responsibility is clearly visible, safe drinking water, sanitation & nutrition as in the case of mortality are the main causes for the prevalence of disease.

Communicable Diseases

Other Communicable Diseases like malaria, tuberculosis and leprosy continue to be the major public health problems of the state and have been justifiably identified as priority problems by state Government. These are the same major diseases which have defied eradication in Orissa, thus far. These briefly discussed below.

Malaria

Orissa's Malaria situation is of considerable concern and has significant implications, the state being the major contributor of malaria cases (15.1% of the total 2 million cases in India) and deaths due to malaria in the country (48%). Thus can be explained to the predominance of plasmodium falciparum in Orissa, the species responsible for severe (cerebral) malaria and mortality. 36.24% of Plasmodium falciparum cases in India come from this state. The four districts which are endemic to malaria are Keonjhar, Phulbani, Sundargarh and Mayurbhanj. These districts together account for 18% of the population of Orissa and, 47% of all cases of malaria in Orissa are reported from these four districts combined. 50% of the Plasmodium falciparum cases in Orissa are recorded from these districts and 40% of the malarial deaths occur here (source NMEP). The epidemiological data on malaria in Orissa for the last two years (1993-94) is graphically presented. It could be mentioned that Annual Blood Examination Rate (ABER was 9.39, Slide Positivity Rate (SPR) was 10.27, Annual Parasitic Incidence (API) was 9.65 and the percentage contribution from Plasmodium falciparum was 83.81% in the state, for the year 1994 (latest available figure).

Tuberculosis

Despite battling against Tuberculosis for last four decades, it still continues to be a major public health problems in Orissa. The prevalence rate for TB in the state is 2.39 per 1000.

Leprosy

Leprosy is another public health problem in Orissa, with a prevalence rate (PR) of 1.85 per 1000 population, there are over 2 lakh leprosy cases in the state with a fifth of these in children below age 14. In the districts of Boudh & Sonepur the PR is higher than 5 per 1000. The districts which report a PR higher than 2.06 i.e.; state average are the district of Boudh (8.62), Sonepur (5.28), Bolangir (4.47), Sundargarh (4.09), Jharsuguda (3.69), Deogarh (3.65), Bargarh (2.75), Sambalpur (2.58), Nawapara (2.54), Kalahandi (2.54), Dhenkanal (2.50), Koraput (2.29), Nawrangpur (2.15) and Mayurbhanj (2.12). In the coastal districts, it is less than 2 per 1000.

Filaria

In Orissa both the urban and rural population mostly in the coastal districts are exposed to risk of Filaria. Expecting the districts of Bolangir, Sonepur, Kalahandi, Nawapara and Keonjhar, the National Filaria Control Programme (NFCP) is operating in rest of the districts.

During last part of eighties and early nineties, Meningococcal Meningitis suddenly assumed epidemic proportions in certain parts of the state particularly in the district of Kalahandi, Phulbani, parts of old Koraput district (now Rayagada) and old Ganjam district (now Gajapati).

STD

Syphilis and Gonorrhoea are the two classical sexually transmitted diseases that are widespread in Orissa. Through authentic baseline figures of the incidence and prevalence of STD in Orissa are readily available, STD cases in outdoor gives some idea of the problem.

Malnutrition

Malnutrition still continues to be one of the most dominant problems of the state and its manifestation and consequences are diverse and alarming. The level of malnourishment (moderate around 30% and severe about 5%) is quite high. Of all segments of population children and women appear to be more at risk than are others.

The findings on malnutrition gr.II (moderate) and severe (gr. III and gr. IV) among children below 6 years attending ICDS at two points of time i.e. 1988 and 1991 suggest that the nutritional status of the children (attending ICDS) has not changed dramatically. No doubt the percentage of severe malnourished children has reduced, but the percentage of moderately malnourished has infant increased. Apart from Protein Energy Malnutrition (PEM) Vitamin "A" deficiency and nutritional anaemia are prevalent in very wide section of population. More than 70% of pregnant women are anaemic and suffer from iron and folic acid deficiency which, perhaps, in turn, lead to low weight babies.

Emerging Health Problems

Genetic Diseases

Diseases which are genetic and genetico-environmental in origin are slowly gaining prominence in Orissa. The existing socio-biological and socio-cultural factors in the various population groups (including some of the endogamous-primitive tribal groups), the genetic endowment of the population and the susceptibility or resistance resulting from the interaction between these two may perhaps have a great impact on the future disease scenario of Orissa. Some genetic disorders like Sickle-Cell Disease (both Sickle-Cell trait and anaemia) and G-6-PD deficiency are also seen in Orissa. Orissa alone reports about I lakh carriers (HBAS or Sickle-Cell Trait) and 2000 cases of HBSS (Homozygous-Sickle-Cell Anaemia), through all districts except Balasore. It's incidence is high in Kalahandi, Nawapara, Koraput, Angul, Dhenkanal, Bolangir, Sambalpur, Sundargarh, Bargarh, Jharsuguda, Sonepur, Phulbani and Keonjhar.

Industrial Pollution and Health

Though Orissa is comparatively much less industrialised than many other states, yet there are certain pockets, where the level of population is no way less. One such pocket is Angul-Talcher area where industrial and mining activities are more because of large deposit of coal, water, resources, communication facilities, cheap labour etc. The major polluting industries in this are Thermal Power Plants (TTPS, CPP, NTPC etc.), Fertilizer factory (FCI), Aluminium factory (NALCO), Heavy Water Project, Coal fields etc. These industries pollute perennial Bramhani river and the Nandira rivulet (a tributary of Bramhani) which are the chief water resources in the area for drinking and agriculture. The air and land pollution are also acute. Fluorides (gaseous and particulate), oxides of sulphur and nitrogen, phosphates, oil & grease, iron, COD, heavy metals, ammonia, hydrogen sulphide, chromium, suspended solids, suspended particle matters (SPM), solid wastes, fly ash are the pollutants which cause health hazards. Health survey conducted by Asian Institute of Technology, Bangkok, indicates rise in upper respiratory tract infection, Sinusitis, eustachian catarrh, tracheitis, bronchitis and globular pneumonia, coryza, influenza, measles, whooping cough, tuberculosis, skin infections, teeth and gum diseases, gastritis etc. are the diseases prevalent in the area.

Occupational Diseases

In Orissa about 10% of total industrial work force is working in small scale home-based industries and are exposed to industrial hazards, but enjoy no legal protection whatsoever. There are numerous stone quarries on either side of the National Highway no. 5, just after Khurda. We know that silicosis, a chronic lung disease caused by inhalation of particulate dust, is a widespread problem among workers in the stone mines & quarries. Unfortunately, to our knowledge, there is no single study on this aspect of occupational health.

Women Health

With regard to the health of women, not enough data is available on morbidity and mortality. In Orissa, most of the indicators, be it female literacy, U-5MR, Maternal morbidity (no authentic data available), or rate of utilization of health care services by females (State & district-wise figures at out-doors) show a fundamental bias and inequity in favour of men. As mentioned earlier, though no baseline state level figures are available, but the rough estimates is 738 per lakh, quite a high figure. Is it not tragic that so many women die while giving birth to new life ? With the advances we have made in knowledge, most of these deaths and much of the suffering could be avoided and that too at relatively little cost. If information about safe motherhood were made available, the risks of pregnancy could be drastically reduced.

The demographic consequence of lower status of women has found expression in various forms and one such sensitive indicator is low sex-ratio. In Orissa till 1961 the sex-ratio was favourable to women and from 1971 onwards it has started declining and this phenomenon of "declining sex-ratio" has become a cause of concern, from the point of view of social disadvantages facing women in Orissa. Against this backdrop in 1994 a study was commissoned by OXFAM (I) Trust Bhubaneshwar and was taken up by OVHA by the same authors to have factual understanding of the phenomenon of declining sex-ratio in Orissa. The most significant findings of the study is that, it has identified such districts & blocks where sex-ratio is either very low according to 1991 census or has fallen drastically during the last decade i.e. 1981-91. Four important tables have been annexed at the end of the document. The messages, which stand out in these tables are self-explanatory.

Human Development Index (HDI) and Household Misery Index (HMI)

The two recently developed indices which provide some insights into the quality of life are (I) Human Development Index (HDI) and (II) Household Misery Index. HDI is based on life expectancy, literacy and per-capita income. It is the highest in Kerala (0.75) and HDI for Orissa is only 0.21. Prof. Ashish Bose a renowned demographer and Member of Independent Commision on Health in India (ICHI) has come out with a new concept and has developed an indicator called Household Misery Index (HMI) on the basis of data on housing and amenities (from 1991 census) such as people not having pucca houses, drinking water, electricity and toilet and still using cowdung or wood for fuel. The percentage are weighted according to the proportion of households in each state to arrive at a total score. The higher the index the higher is the misery; the scale ranges from 0 to 5 points. According to this index the most vulnerable/miserable state is not one of those BIMARU states (not Bihar, MP, Rajasthan or UP) but tragically enough, it is Orissa (HMI 4.0).

Improving Existing Health Situation

In order to improve the existing health situation, the focus should be on the following areas :

- Emphasis on serving under-served/unserved/difficult areas (like tribal, hilly, disaster-prone (drought-prone/flood-prone), remote, inaccessible areas).
- Involving the community in the true sense
- Strengthening primary health care. (if need be, restructuring it)
- Adequate supply of essential drugs.
- Supporting rational drug policy.
- Reviving traditional systems of medicine.
- Food & nutrition security linked with generation of employment, implementation of minimum wages act, land reforms and distributive justice.
- Safe water supply & sanitation services.

Therefore, to improve the health status we have to ensure and improve other things such as safe drinking water, literacy etc. to maximise the gains from investment in health care.

Therefore, broad recommendations/action-areas for improving existing health status could be the following :

✦*Ensure Food Security*

- Develop strategy to ensure sufficient food and nutrition to all sections of population. (Food and Nutrition Security). To be linked with generation of employment, implementation of minimum wages act, land reforms, and distributive justice.
- To look at agricultural policy so that it protects the interests of the poor

✦*Ensure Safe Water Supply*

- Focus on quantity and quality
- Not only installment of tubewell but it's Proper maintenance

✦*Ensure Sanitation*

- To cover urban areas first followed by gradual rural sanitation
- Efforts to be backed up by health education

✦*Ensure effective utilisation of Health Services*

- Social mobilisation, demand generation, community involvement

✦*Reviving Traditional Systems of medicine.*

✦*Supporting Rational Drug Policy and adequate supply of rational drugs*

✦*Strengthening referral at district and sub divisional levels*

✦*Effective implementation of National Health Programmes*

✦*Orientation and training of medical personnel*

✦*Special emphasis on regional imbalance. More stress to be given to the difficult/vulnerable districts and difficult/vulnerable blocks in terms of health development*

✦*Field level co-ordination, inter and intra-sectoral*

✦*Increase in the health and health related budgets*

✦*Research not of conventional type but operational action-research. Specific focus on women and health, tribal health and environmental health.*

Solution lies primarily in the shift of health care paradigm from the current bio-medical model to the holistic model where the human being is regarded as central and is helped to regenerate a sense of well-being and fitness in his/her life situation. A shift is also called for where the accountability of health personnel is veered from the administrative hierarchy to the elected forum of community representatives like Panchayats to ensure optimum utilisation of the available resources. It is also possible to upscale the present health infrastructure without additional resources by more systematic utilisation of local health traditions including thousands of their practitioners. Upliftment of the socio-economic conditions of the people of Orissa, especially of women, is also a critical component of a genuine health and development strategy.

In the overall gloomy scenario of Orissa from the point of view of health situation in the state, the voluntary sector has played an important role in health care. However, these initiatives are usually built around charismatic individuals, thus decreasing their impact. Nonetheless, the voluntary sector has a lot to offer in terms of ideas, experiments and possibilities to the government sector, and an interface between these two sectors has enormous potential. Therefore, what follows in the last section is a detailed discussion on the action areas and the role of NGOs in the field of health in Orissa.

Table IV. INDICATORS RANKED BY DISTRICTS

1. GEOGRAPHICAL AREA (IN SQ. KMS)

Index No.	Name	Particulars	Rank
XXI	Mayurbhanj	10,418	1
XXX	Sundargarh	9,712	2
XIX	Koraput	8,379	3
XVII	Keonjhar	8,303	4
XV	Kalahandi	8,197	5
XI	Ganjam	8,070	6
XXVII	Rayagada	7,584	7
VI	Bolangir	6,551	8
I	Anugul	6,347	9
XX	Malkangiri	6,115	10
III	Bargarh	5,831	11
XXIV	Nawrangpur	5,290	12
IX	Dhenkanal	4,597	13
XXV	Phulbani	4,403	14
XXVIII	Sambalpur	4,328	15
XXIII	Nayagarh	3,954	16
VII	Cuttack	3,915	17
II	Balasore	3,705	18
XXII	Nawapara	3,407	19
XXVI	Puri	3,054	20
X	Gajapati	3,016	21
XVIII	Khurda	2,887	22
XIII	Jajpur	2,884	23
IV	Bhadrak	2,787	24
XVI	Kendrapara	2,565	25
XIV	Jharsuguda	2,308	26
XXIX	Sonepur	2,284	27
VIII	Deogarh	1,887	28
V	Boudh	1,834	29
XII	Jagatsingpur	1,739	30

ORISSA
BIHAR
W. BENGAL
MADHYA PRADESH
ANDHRA PRADESH
BAY OF BENGAL
SUNDAR GARH
JHARSUGUDA
MAYURBHANJ
KEONJHAR
DEOGARH
BALASORE
BARGARH
SAMBALPUR
BHADRAK
SONEPUR
ANGUL
JAJPUR
DHENKANAL
BOUDH
NAWAPARA
KENDRAPARA
BALANGIR
CUTTACK
NAYAGARH
JAGATSINGAR P U R
KHONDMAL
(PHULBANI)
KHURDA
PURI
KALAHANDI
CHILKA LAKE
GANJAM
NAWARANGPUR
RAYAGADA
GAJAPATI
KORAPUT
MALKANGIRI
10 0 20 40 80
Scale in kms
By Geographical Area (sq. kms)
> 10,000
< 10,000 & > 5,000
<5,000 & > 3,000
< 3,000 & > 2,000
< 2,000

ORISSA

BIHAR

W. BENGAL

MADHYA PRADESH

ANDHRA PRADESH

BAY OF BENGAL

SUNDARGARH
JHARSUGUDA
BARGARH
SAMBALPUR
DEOGARH
KEONJHAR
MAYURBHANJ
BALASORE
BHADRAK
JAJPUR
KENDRAPARA
JAGATSING PUR
PURI
CHILKA LAKE
GANJAM
GAJAPATI
RAYAGADA
NAWARANGPUR
KORAPUT
MALKANGIRI
KALAHANDI
NAWAPARA
BALANGIR
SONEPUR
BOUDH
KHONDMAL (PHULBANI)
ANGUL
DHENKAKAL
NAYAGARH
CUTTACK
KHURDA

22°
21°
20°
19°
18°

10 0 20 40 80
Scale in Kms.

REFERENCE

State Boundary ——————
District " ——————

By Population (in '000)

	> 2,000		<5 00 > 3 00
< 2,000	& > 1,500		< 3 00
<1,500	& > 1,000		
< 1,000	& > 5,00		

INDICATORS RANKED BY DISTRICTS

2. POPULATION (IN '000)

Index no	Name	Particulars	Rank
XI	Ganjam	2,704	1
VII	Cuttack	1,972	2
XXI	Mayurbhanj	1,884	3
II	Balasore	1,696	4
XXX	Sundargarh	1,573	5
XVIII	Khurda	1,502	6
XIII	Jajpur	1,386	7
XVII	Keonjhar	1,337	8
XXVI	Puri	1,305	9
VI	Bolangir	1,230	10
III	Bargarh	1,207	11
XVI	Kendrapara	1,149	12
XV	Kalahandi	1,130	13
IV	Bhadrak	1,105	14
XIX	Koraput	1,029	15
XII	Jagatsingpur	1,014	16
XXVIII	Sambalpur	1,012	17
I	Angul	961	18
IX	Dhenkanal	947	19
XXIV	Nawrangpur	846	20
XXIII	Nayagarh	782	21
XXVII	Rayagada	713	22
XIV	Jharsuguda	592	23
XXV	Phulbani	546	24
XXIX	Sonepur	476	25
XXII	Nawapara	469	26
X	Gajapati	454	27
XX	Malkangiri	421	28
V	Boudh	317	29
VIII	Deogarh	234	30

INDICATORS RANKED BY DISTRICTS

3. DENSITY OF POPULATION

Index No.	Name	Particulars	Rank
XVIII	Khurda	765	1
XII	Jagatsingpur	577	2
VII	Cuttack	504	3
XIII	Jajpur	480	4
II	Balasore	458	5
XVI	Kendrapara	451	6
XXVI	Puri	427	7
IV	Bhadrak	397	8
XI	Ganjam	335	9
XIV	Jharsuguda	256	10
XXVIII	Sambalpur	234	11
XXIX	Sonepur	209	12
III	Bargarh	207	13
IX	Dhenkanal	206	14
VI	Bolangir	188	15
XXI	Mayurbhanj	181	16
V	Boudh	173	17
XXX	Sundargarh	162	18
XVII	Keonjhar	161	19
XXIII	Nayagarh	160	20
XXIV	Nawrangpur	160	20
X	Gajapati	151	21
I	Anugul	151	21
XXII	Nawapara	138	22
XV	Kalahandi	138	22
VIII	Deogarh	124	23
XXV	Phulbani	124	23
XIX	Koraput	123	24
XXVII	Rayagada	94	25
XX	Malkangiri	69	26

ORISSA
BIHAR
W. BENGAL
MADHYA PRADESH
ANDHRA PRADESH
BAY OF BENGAL
SUNDARGARH
JHARSUGUDA
DEOGARH
SAMBALPUR
BARGARH
SONEPUR
BOUDH
ANGUL
NAWAPARA
BALANGIR
KHONDMAL. (PHULBANI)
KALAHANDI
NAWARANGPUR
RAYAGADA
GAJAPATI
KORAPUT
MALKANGIRI
GANJAM
KEONJHAR
MAYURBHANJ
BALASORE
BHADRAK
JAJPUR
DHENKAKAL
CUTTACK
KENDRAPARA
NAYAGARH
KNURDA
JAGATSING PUR
PURI
CHILKA LAKE
22°
21°
20°
19°
18°
10 0 20 40 80
Scale in Kms
REFERENCE
State Boundary
District
By Density of Population
> 500
< 100
< 500 & > 300
< 300 & > 200
< 200 & > 150
< 150 $ > 100

ORISSA

BIHAR

W. BENGAL

PRADESH

MADHYA

PRADESH

ANDHRA

BAY OF BENGAL

SUNDARGARH

JHARSUGUDA

MAYURBHANJ

KEONJHAR

DEOGARH

BALASORE

BARGARH

SAMBALPUR

BHADRAK

SONEPUR

ANGUL

JAJPUR

DHENKAKAL

NAWAPARA

BOUDH

KENDRAPARA

BALANGIR

CUTTACK

NAYAGARH

JAGATSING PUR

KHONDMAL (PHULBANI)

KHURDA

PURI

KALAHANDI

CHILKA LAKE

GANJAM

NAWARANGPUR

RAYAGADA

GAJAPATI

KORAPUT

MALKANGIRI

22°

21°

20°

19°

18°

10 0 20 40 80

Scale in Kms

REFERENCE

State Boundary

District ,,

By Sex Ratio

		> 10,000
< 10,000	&	> 975
< 975	&	> 950
< 950	&	> 900

INDICATORS RANKED BY DISTRICTS

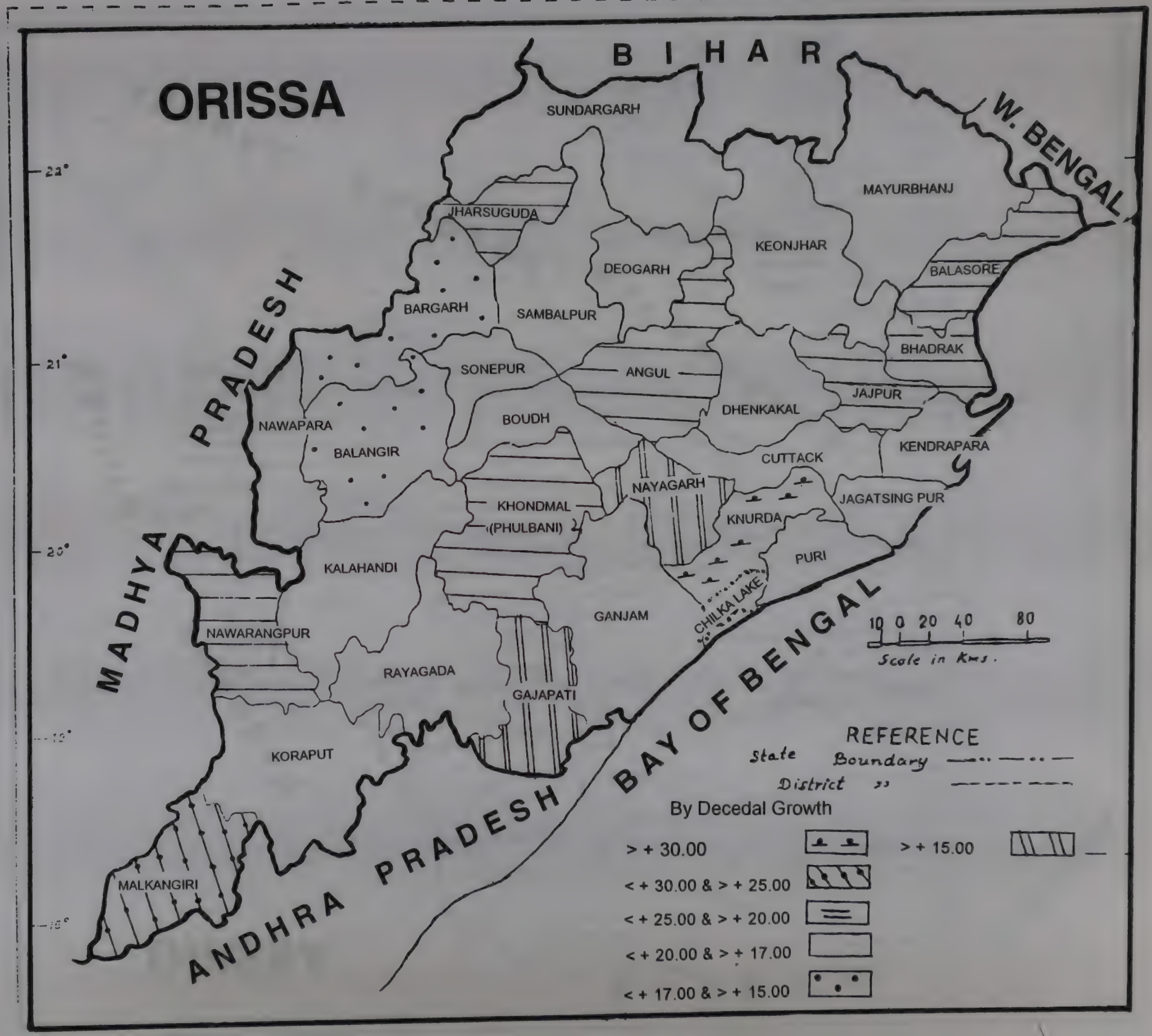
4. SEX RATIO

Index No.	Name	Particulars	Rank
X	Gajapati	1027	1
XXVII	Rayagada	1012	2
XXV	Phulbani	1007	3
XVI	Kendrapara	1007	3
XI	Ganjam	1006	4
XXII	Nawapara	1002	5
XV	Kalahandi	999	6
V	Boudh	992	7
VIII	Deogarh	992	7
XIX	Koraput	991	8
XXIV	Nawrangpur	989	9
XX	Malkangiri	985	10
IV	Bhadrak	985	10
VI	Bolangir	985	10
XXVIII	Sambalpur	981	11
XXIX	Sonepur	981	11
III	Bargarh	979	12
XXI	Mayurbhanj	979	12
XIII	Jajpur	979	12
XII	Jagatsingpur	977	13
XVII	Keonjhar	977	13
XXVI	Puri	974	14
XXIII	Nayagarh	958	15
II	Balasore	955	16
IX	Dhenkanal	954	17
XVI	Jharsuguda	944	18
I	Anugul	942	19
XXX	Sundargarh	936	20
VII	Cuttack	919	21
XVIII	Khurda	903	22

INDICATORS RANKED BY DISTRICTS

5. DECADAL GROWTH RATE (1981-91)

Index No.	Name	Particulars	Rank
XVIII	Khurda	32.39	1
XX	Malkangiri	25.88	2
II	Balasore	24.96	3
XIV	Jharsuguda	23.81	4
IV	Bhadrak	23.55	5
XXIV	Nawrangpur	23.33	6
I	Angul	22.31	7
XIII	Jajpur	22.01	8
XXV	Phulbani	21.94	9
XXIX	Sonepur	19.99	10
XVII	Keonjhar	19.95	11
XIX	Koraput	19.89	12
VII	Cuttack	19.58	13
XXII	Nawapara	19.58	13
XV	Kalahandi	19.47	14
XXVIII	Sambalpur	19.36	15
XI	Ganjam	19.25	16
XXI	Mayurbhanj	19.14	17
IX	Dhenkanal	18.92	18
XXVI	Puri	18.33	19
V	Boudh	18.32	20
VIII	Deogarh	17.86	21
XII	Jagatsingpur	17.70	22
XXX	Sundargarh	17.62	23
XXVIII	Rayagada	17.29	24
XVI	Kendrapara	17.15	25
III	Bargarh	16.93	26
VI	Bolangir	15.94	27
XXIII	Nayagarh	14.52	28
X	Gajapati	13.00	29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BIHAR
W. BENGAL
PRADESH
MADHYA
ANDHRA PRADESH
BAY OF BENGAL
22°
21°
20°
19°
18°
SUNDARGARH
JHARSUGUDA
DEOGARH
KEONJHAR
MAYURBHANJ
BALASORE
BARGARH
SAMBALPUR
BHADRAK
SONEPUR
ANGUL
JAJPUR
DHENKAKAL
BOUDH
NAWAPARA
BALANGIR
CUTTACK
KENDRAPARA
NAYAGARH
KHONDMAL
(PHULBANI)
JAGATSING PUR
KNURDA
KALAHANDI
PURI
CHILKA LAKE
GANJAM
NAWARANGPUR
RAYAGADA
GAJAPATI
KORAPUT
MALKANGIRI
10 0 20 40 80
Scale in Kms.
REFERENCE
State Boundary
District ,,
By Decedal Growth
> + 30.00
> + 15.00
< + 30.00 & > + 25.00
< + 25.00 & > + 20.00
< + 20.00 & > + 17.00
< + 17.00 & > + 15.00

ORISSA

BIHAR

W. BENGAL

PRADESH

MADHYA

PRADESH

ANDHRA

BAY OF BENGAL

22°

21°

19°

SUNDARGARH

JHARSUGUDA

DEOGARH

BARGARH

SAMBALPUR

SONEPUR

ANGUL

NAWAPARA

BALANGIR

BOUDH

KHONDMAL (PHULBANI)

KALAHANDI

NAWARANGPUR

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GAJAPATI

KORAPUT

MALKANGIRI

GANJAM

KEONJHAR

MAYURBHANJ

BALASORE

BHADRAK

JAJPUR

DHENKAKAL

CUTTACK

KENDRAPARA

NAYAGARH

KHURDA

JAGATSING PUR

PURI

CHILKA LAKE

10 0 20 40 80

Scale in Kms.

REFERENCE

State Boundary

District ,,

By % of Urbanisation

> 20%

< 20% & > 10%

<10% & > 7%

< 7% & > 5%

< 5%

INDICATORS RANKED BY DISTRICTS

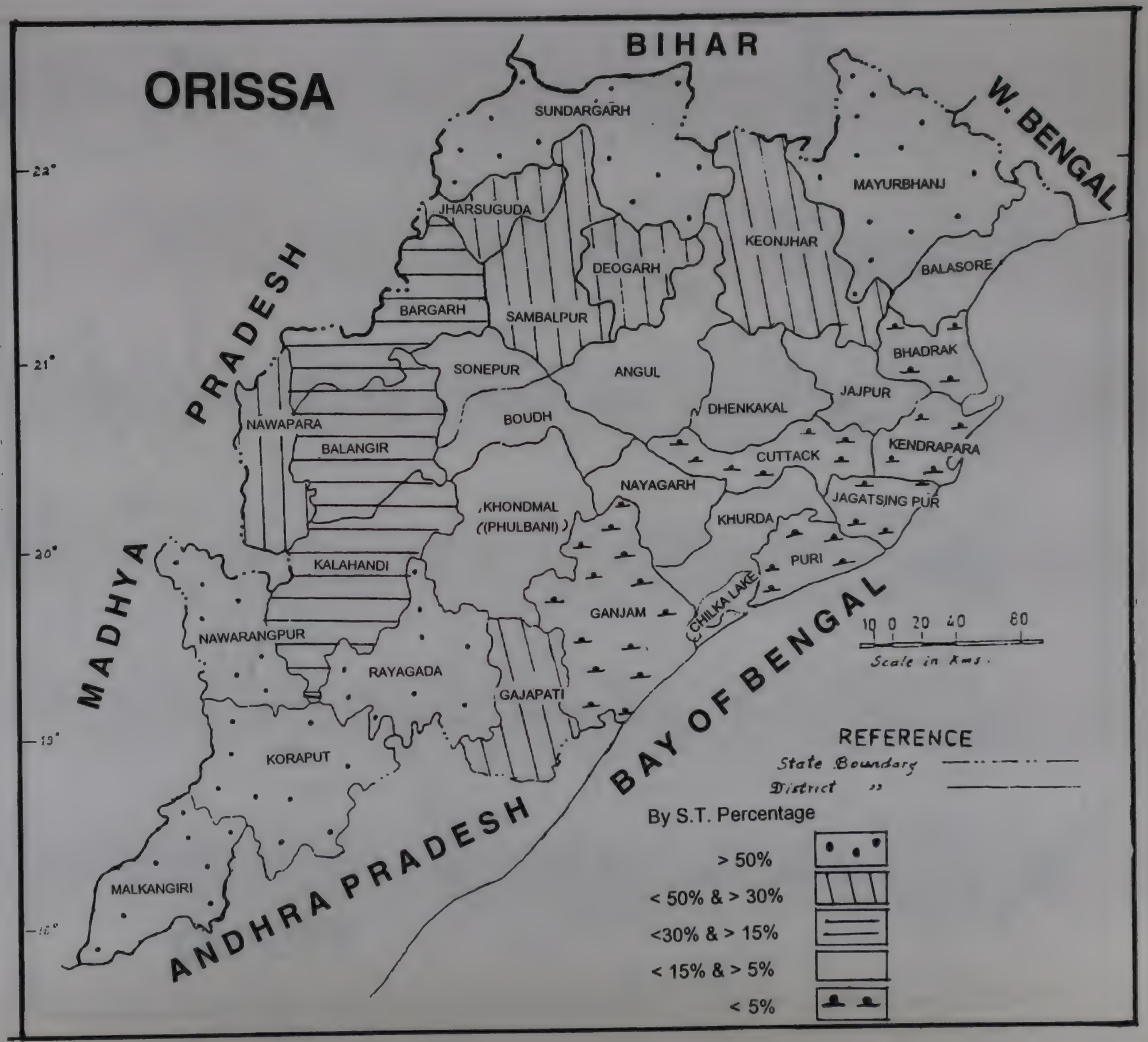
6. URBAN POPULATION

Index No.	Name	Particulars	Rank
XXVIII	Sambalpur	39.74	1
XVIII	Khurda	34.35	2
XXX	Sundargarh	33.35	3
XIV	Jharsuguda	26.86	4
XVII	Cuttack	24.63	5
XIX	Koraput	16.72	6
XI	Ganjam	15.68	7
XXVI	Puri	12.49	8
XVII	Keonjhar	12.49	8
XXVII	Rayagada	12.46	9
I	Anugul	11.44	10
VI	Bolangir	10.56	11
X	Gajapati	10.35	12
IV	Bhadrak	9.94	13
II	Balasore	9.07	14
IX	Dhenkanal	8.23	15
XX	Malkangiri	8.05	16
XII	Jagatsingpur	7.49	17
VIII	Deogarh	7.37	18
XXIX	Sonepur	7.33	19
XV	Kalahandi	6.90	20
III	Bargarh	6.71	21
XXV	Phulbani	6.50	22
XXI	Mayurbhanj	5.15	23
XVI	Kendrapara	5.56	24
XXII	Nawapara	5.54	25
XXIV	Nawrangpur	4.95	26
V	Boudh	4.86	27
XIII	Jajpur	3.82	28
XXVIII	Nayagarh	3.35	29

INDICATORS RANKED BY DISTRICTS

7. SCHEDULE TRIBE PERCENTAGE

Index No.	Name	Particulars	Rank
XXI	Mayurbhanj	57.87	1
XX	Malkangiri	57.67	2
XXIV	Nawrangpur	55.26	3
XXVII	Rayagada	54.99	4
XXX	Sundargarh	50.74	5
XXIX	Koraput	50.35	6
XXV	Phulbani	50.13	7
X	Gajapati	47.86	8
XVII	Keonjhar	44.51	9
XXVIII	Sambalpur	42.11	10
VIII	Deogarh	41.88	11
XIV	Jharsuguda	36.48	12
XXII	Nawapara	32.82	13
XV	Kalahandi	29.04	14
VI	Bolangir	22.04	15
III	Bargarh	16.98	16
IX	Dhenkanal	13.66	17
V	Boudh	13.51	18
I	Anugul	12.34	19
II	Balasore	11.52	20
XXIX	Sonepur	9.50	21
XIII	Jajpur	7.41	22
XXIII	Nayagarh	5.81	23
XXVIII	Khurda	5.13	24
VII	Cuttack	3.49	25
XI	Ganjam	3.16	26
IV	Bhadrak	1.60	27
XII	Jagatsingpur	0.61	28
XVI	Kendrapara	0.40	29
XXVI	Puri	0.23	30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KHONDMAL
((PHULBANI))
KHURDA
PURI
KALAHANDI
CHILKA LAKE
GANJAM
NAWARANGPUR
RAYAGADA
GAJAPATI
KORAPUT
MALKANGIRI
10 0 20 40 80
Scale in Kms.
REFERENCE
State Boundary
District ,,
By S.T. Percentage
> 50%
< 50% & > 30%
<30% & > 15%
< 15% & > 5%
< 5%

ORISSA

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ANGUL

BHADRAK

JAJPUR

NAWAPARA

BOUDH

DHENKAKAL

BALANGIR

CUTTACK

KENDRAPARA

NAYAGARH

KHONDMAL (PHULBANI)

JAGATSING PUR

KHURDA

KALAHANDI

PURI

CHILKA LAKE

GANJAM

NAWARANGPUR

RAYAGADA

GAJAPATI

KORAPUT

MALKANGIRI

10 0 20 40 80

Scale in Kms.

REFERENCE

State Boundary

District ''

By % SC

> 20%

< 20% & > 15%

<15% & > 10%

< 10%

INDICATORS RANKED BY DISTRICTS

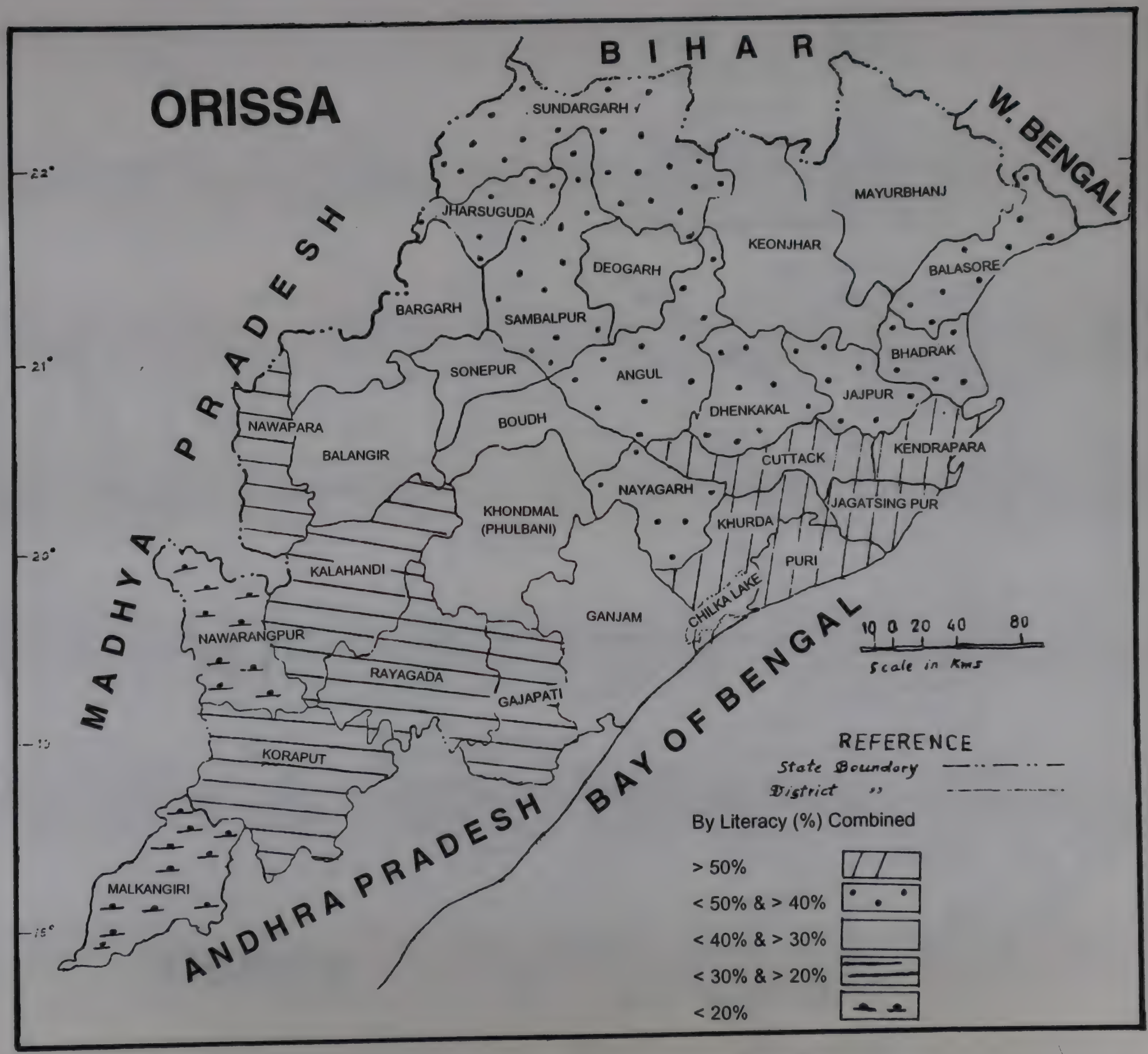
8. SCHEDULE CASTE PERCENTAGE

Index No.	Name	Particulars	Rank
XIII	Jajpur	22.87	1
XXIX	Sonepur	22.01	2
IV	Bhadrak	21.69	3
XII	Jagatsingpur	21.69	3
XX	Malkangiri	19.90	4
XVI	Kendrapara	19.82	5
V	Boudh	19.63	6
II	Balasore	18.56	7
XXVI	Puri	18.54	8
III	Bargarh	18.47	9
XXV	Phulbani	18.21	10
VII	Cuttack	18.19	11
XI	Ganjam	17.89	12
XXVIII	Sambalpur	17.01	13
XV	Kalahandi	16.98	14
I	Anugul	16.75	15
IX	Dhenkanal	16.03	16
XIV	Jharsuguda	15.84	17
VI	Bolangir	15.35	18
XXIV	Nawrangpur	15.11	19
VIII	Deogarh	14.60	20
XXVII	Rayagada	14.28	21
XXIII	Nayagarh	13.79	22
XVIII	Khurda	13.65	23
XIX	Koraput	13.39	24
XXII	Nawapara	13.22	25
XVII	Keonjhar	11.51	26
X	Gajapati	8.81	27
XXX	Sundargarh	8.76	28
XXI	Mayurbhanj	7.00	29

INDICATORS RANKED BY DISTRICTS

9. TOTAL LITERACY PERCENTAGE

Index No.	Name	Particulars	Rank
XVIII	Khurda	57.32	1
XII	Jagatsingpur	55.71	2
VII	Cuttack	55.60	3
XXVI	Puri	53.56	4
XVI	Kendrapara	53.13	5
IV	Bhadrak	49.72	6
XXVIII	Sambalpur	49.54	7
XXIII	Nayagarh	48.41	8
XIII	Jajpur	48.05	9
II	Balasore	47.55	10
IX	Dhenkanal	45.99	11
XXX	Sundargarh	44.09	12
XIV	Jharsuguda	43.27	13
I	Anugul	42.45	14
III	Bargarh	40.34	15
XI	Ganjam	38.68	16
XVII	Keonjhar	36.72	17
VIII	Deogarh	36.55	18
XXIX	Sonepur	35.42	19
V	Boudh	34.27	20
VI	Bolangir	32.41	21
XXI	Mayurbhanj	30.73	22
XXV	Phulbani	30.18	23
XV	Kalahandi	25.99	24
X	Gajapati	24.00	25
XXII	Nawapara	22.81	26
XXVII	Rayagada	21.42	27
XIX	Koraput	20.19	28
XX	Malkangiri	16.11	29
XXIV	Nawrangpur	14.87	30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BOUDH
NAWAPARA
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CUTTACK
KENDRAPARA
NAYAGARH
JAGATSING PUR
KHONDMAL
(PHULBANI)
KHURDA
PURI
KALAHANDI
CHILIKA LAKE
GANJAM
NAWARANGPUR
RAYAGADA
GAJAPATI
KORAPUT
MALKANGIRI
10 0 20 40 80
Scale in Kms
REFERENCE
State Boundary
District ,,
By Literacy (%) Combined
> 50%
< 50% & > 40%
< 40% & > 30%
< 30% & > 20%
< 20%

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JHARSUGUDA

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DHENKAKAL

NAWAPARA

BOUDH

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KENDRAPARA

CUTTACK

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KNURDA

KALAHANDI

PURI

CHILKA LAKE

GANJAM

NAWARANGPUR

RAYAGARH

GAJAPATI

KORAPUT

MALKANGIRI

10 0 20 40 80

Scale in Kms

REFERENCE

State Boundary

District ,,

By Female Liferacy (%)

> 40%

< 40% & > 30%

< 30% & > 20%

< 20% & > 10%

< 10%

INDICATORS RANKED BY DISTRICTS

10. FEMALE LITERACY PERCENTAGE

Index No.	Name	Particulars	Rank
XVIII	Khurda	46.7	1
XII	Jagatsingpur	44.91	2
VII	Cuttack	44.44	3
XVI	Kendrapara	42.63	4
XXVI	Puri	41.84	5
IV	Bhadrak	38.25	6
XIII	Jajpur	37.66	7
II	Balasore	35.83	8
XXIII	Nayagarh	34.46	9
XXVIII	Sambalpur	34.16	10
IX	Dhenkanal	33.69	11
XXX	Sundargarh	32.85	12
XIV	Jharsuguda	30.01	13
I	Anugul	28.32	14
III	Bargarh	26.46	15
VIII	Deogarh	26.38	16
XI	Ganjam	24.85	17
XVII	Keonjhar	24.54	18
XXIX	Sonepur	19.49	19
XXI	Mayurbhanj	19.2	20
VI	Bolangir	17.89	21
V	Boudh	17.5	22
XXV	Phulbani	16.08	23
X	Gajapati	14.34	24
XXVII	Rayagada	12.81	25
XV	Kalahandi	12.74	26
XIX	Koraput	12.47	27
XXII	Nawapara	10.64	28
XX	Malkangiri	9.56	29
XXIV	Nawrangpur	7.02	30

Table IV A. **DISTRIBUTION OF DISTRICTS BY AREA, POPULATION, DENSITY, SEX-RATIO, GROWTH RATE, % URBANISATION, %AGE OF ST, %AGE OF SC, LITERACY (COMBINED/ FEMALE) AND NUMBER OF BLOCKS.**

			Number of Districts (N = 30)	
1. By Geographical Area (Sq. Kms)				
>	10,000	:	1	(3.33%)
<	10,000 & > 5,000	:	11	(36.67%)
<	5,000 & > 3,000	:	9	(30.00%)
<	3,000 & > 2,000	:	6	(20.00%)
<	2,000	:	3	(10.00%)
			30	(100.00%)
2. By Population (in '000)				
>	2,000	:	1	(3.33%)
<	2,000 & > 1,500	:	5	(16.67%)
<	1,500 & > 1,000	:	11	(36.67%)
<	1,000 & > 500	:	7	(23.33%)
<	500 & > 300	:	3	(10.00%)
<	300	:	3	(10.00%)
			30	(100.00%)
3. By Density of Population (per Sq. Kms)				
>	500	:	3	(10.00%)
<	500 & > 300	:	6	(20.00%)
<	300 & > 200	:	5	(16.67%)
<	200 & > 150	:	9	(30.00%)
<	150 & > 100	:	5	(16.67%)
<	300	:	2	(6.66%)
			30	(100.00%)
4. By Sex-ratio (Females/1,000 Males)				
>	1,000	:	6	(20.00%)
<	1,000 & > 975	:	14	(46.66%)
<	975 & > 950	:	5	(16.67%)
<	950 & > 900	:	5	(16.67%)
			30	(100.00%)

5. *By Decedal Growth Rate (1981-1991)*

>	+30.00	:	1	(3.33%)
<	+30.00 & > +25.00	:	1	(3.33%)
<	+25.00 & > +20.00	:	7	(23.33%)
<	+20.00 & > +17.00	:	17	(56.66%)
<	+17.00 & > +15.00	:	2	(6.66%)
<	+15.00	:	2	(6.66%)
			30	(100.00%)

6. *By % Urbanisation*

>	20%	:	5	(16.67%)
<	20% & 10%	:	8	(26.66%)
<	10% & 7%	:	7	(23.33%)
<	7% & 5%	:	6	(20.00%)
<	5%	:	4	(13.33%)
			30	(100.00%)

7. *By % ST*

>	50%	:	7	(23.33%)
<	50% & 30%	:	6	(20.00%)
<	30% & 15%	:	3	(10.00%)
<	15% & 5%	:	9	(30.00%)
<	5%	:	5	(16.67%)
			30	(100.00%)

8. *By % SC*

>	20%	:	4	(13.33%)
<	20% & > 15%	:	16	(53.33%)
<	15% & > 10%	:	7	(23.33%)
<	10%	:	3	(10.00%)
			30	(100.00%)

9. *By Literacy (%) Combined*

>	50%	:	5	(16.67%)
<	50% & 40%	:	9	(30.00%)
<	40% & 30%	:	9	(30.00%)
<	30% & 20%	:	5	(16.67%)
<	20%	:	2	(6.66%)
			30	(100.00%)

10. By Female Literacy (%)

>	40%	:	5	(16.67%)
<	40% & > 30%	:	8	(26.66%)
<	30% & > 20%	:	5	(16.67%)
<	20% & > 10%	:	10	(33.33%)
<	10%	:	2	(6.66%)
			30	(100.00%)

DISTRIBUTION OF DISTRICTS BY NO. OF BLOCKS

11. Districts having

>	20 Blocks	:	2	{Mayurbhanj (26), Gajapati (22)}
<	20 & > 15	:	1	{Sundargarh (17)}
<	15 & > 10	:	13	
<	10 & > 5	:	12	
<	5	:	2	{Boudh (3), Deogarh (3)}
			30	

Table V. BASIC INFORMATION ON 30 DISTRICTS

SI No./ Ind No.	DISTRICT	AREA (Sq.km.)	POPULATION			DENSITY OF POP./Sq.km.	GROWTH RATE-81-91	SEX-RATIO F/1000M	URBAN %AGE	S.T. %AGE	S.C. %AGE	LITERACY %AGE			NUMBER OF BLOCKS	NUMBER OF SUB-CENTRE
			TOTAL	FEMALE	Male							TOTAL	FEMALE	MALE		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	ANUGUL	6347	981037	455136	494901	151	+22.31	942	11.44	12.34	16.75	42.45	28.32	55.75	8	145
2	BALASORE	3705	1696583	828942	867641	456	+24.96	955	9.07	11.52	18.56	47.55	35.83	58.75	12	250
3	BARGARH	5831	1207172	597256	509916	207	+16.93	979	6.71	16.68	18.47	40.34	25.46	50.93	12	167
4	BHADRAK	2787	1105834	548517	557017	397	+23.56	985	9.94	1.69	21.69	49.72	38.25	61.04	7	159
5	BOUDH	1834	317622	167762	159560	173	+18.32	987	4.86	12.92	19.63	34.27	17.50	50.79	3	59
6	BOLANGIR	6351	1230938	609452	621486	168	+15.94	981	10.56	22.04	15.35	32.41	17.89	46.62	14	203
7	CUTTACK	3915	1972739	944992	1027747	504	+19.58	919	24.63	3.49	18.19	50.60	44.44	65.55	14	299
8	DEOGARH	1887	234238	106066	118172	124	+17.56	992	7.37	34.39	14.60	36.55	26.38	48.77	3	35
9	DHENKANAL	4597	947870	462594	485176	205	+18.92	954	8.23	13.66	16.03	45.99	33.69	57.73	8	150
10	GAJAPATI	3016	454705	230379	224329	151	+13.00	1027	10.35	47.80	8.81	24.00	14.34	33.92	7	116
11	GANJAM	8070	2704056	1355014	1348042	335	+19.25	1006	15.68	3.16	17.89	38.68	24.85	52.59	22	424
12	J'SINGHPUR	1739	1014242	501108	513134	577	+17.70	977	7.49	0.16	21.69	55.71	44.91	66.27	8	182
13	JAJPUR	2884	1386177	655172	701005	480	+22.01	977	3.62	7.41	22.87	48.05	37.66	58.20	10	235
14	JHARSUGUDA	23.08	592983	286052	304391	255	+23.81	944	26.56	35.59	15.84	43.27	30.01	55.81	5	58
15	KALAHANDI	8197	1130903	565308	565595	138	+19.47	999	6.9	28.91	16.98	25.99	12.47	39.22	13	213
16	KENDRAPADA	2565	1149501	576798	572703	451	+17.16	1007	5.56	0.40	19.82	53.13	42.63	42.93	9	209
17	KEONJHAR	8303	1337025	659545	67480	162	+19.95	979	12.49	44.51	11.51	36.72	24.54	48.59	13	315
18	KHURDA	2887	1502014	712680	769334	765	+32.39	903	34.35	5.13	13.65	57.32	46.70	66.92	10	186
19	KORAPUT	8379	1029985	512712	517274	123	+19.89	991	16.72	50.35	13.39	20.19	12.47	27.85	14	253
20	MALKANGIRI	6115	421917	209341	212576	69	+25.88	985	8.05	57.67	19.90	16.11	9.56	22.53	7	134
21	MAYURBHANJ	10418	1884580	932390	952183	151	+19.14	979	6.15	57.87	7.00	20.73	19.20	42.01	26	521
22	NAWAPARA	3407	469482	235020	234462	138	+19.58	1002	5.54	36.03	13.22	22.81	10.64	35.04	5	85
23	NAYAGARH	3954	782647	382946	399701	160	+14.52	958	3.35	5.81	13.79	48.41	34.46	51.75	8	150
24	NAWRANGPUR	5290	846659	420900	425759	160	+24.33	989	4.95	55.26	15.11	14.87	7.02	22.53	10	222
25	PHULBANI	4403	546251	273047	273234	124	+21.94	999	6.30	51.50	18.21	30.18	16.08	44.27	12	151
26	PURI	3054	1305365	642601	662764	427	+18.33	970	12.49	11.23	18.54	53.36	41.84	64.95	11	221
27	RAYAGARA	7584	713964	359073	354911	94	+17.29	1012	12.46	55.99	14.28	21.42	12.81	30.14	11	200
28	SAMBALPUR	4328	1012519	491445	521774	234	+19.36	981	39.74	37.07	17.01	49.54	34.16	55.61	9	142
29	SONEPUR	2284	476815	235830	240985	209	+19.99	979	7.33	9.50	22.01	35.42	19.49	51.03	6	76
30	SUNDERGARH	9712	1573617	750910	812707	162	+17.52	936	33.35	50.70	5.76	44.09	32.85	54.61	17	345

Table VI. DISTRICT PROFILE

I. ANUGUL

GENERAL PARTICULARS

AREA(SQ.KM.)	6,347
% TO TOTAL STATE AREA	4.07
SUB-DIVISIONS	4
TEHSILS	5
BLOCKS	8
GRAM PANCHAYATS	181
TOWNS	8
VILLAGES	1,922
% OF FOREST AREA	54.57
% OF NET AREA SOWN TO TOTAL GEOGRAPHICAL AREA	32.49

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	9,61,037
DO, FEMALE	4,66,136
DO, MALE	4,94,901
DO, RURAL	8,50,914
DO, URBAN	1,10,123
SEX RATIO (FEMALE/1000 MALES)	942
DENSITY OF POPULATION (PER SQ. KM.)	151
DECADAL GROWTH RATE (1981-1991)	+ 22.31
% OF ST POPULATION	12.34
%OF SC POPULATION	16.75
% OF URBAN POPULATION	11.44
% OF CULTIVATORS	41.13
% OF AGRICUL. LABOUR	28.16
% LITERACY RATE	42.45
DO, FEMALE	28.32
DO, MALE	55.75

MEDICAL INSTITUTIONS

HOSPITALS	6
P H C'S	8
UGPHC'S	1
CHC'S	2
APHC/APHC(N)/PHC(N)	15
DISPENSARIES	5
S H C'S	4
M A C/M H U	2
SUB-CENTRES	146
NUMBER OF BEDS	273
NGO'S	32

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	1,05,721
+VE	16,605
ABER	11.95
SPR	10.15
API	18.77
Pf%	72.12

LEPROSY 1994

PREVALENCE RATE	1.65
ACTIVE CASES REGISTERED	1684
CHILD CASES (0-14 YEARS)	323
DO, %AGE AMONG NEW CASES	23.70
DEFORMITY CASES	35
DO, %AGE AMONG NEW CASES	2.30

FW PERFORMANCE 1994 (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	11.82
CC USERS	37.07
IUD	34.21
ORAL PILL USERS	50.76

IMMUNIZATION

DPT	68.24
BCG	45.73
POLIO	68.28
MEASLES	57.62
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	65.79
DO (1 - 2 YEARS)	15.22
DT (5 YEARS	3.40
TT (10 YEARS)	1.17
TT (16 YEARS)	22.17
TT (PW)	44.70

EMERGING PROBLEMS

SICKLE CELL ANAEMIA

G-6-PD DEFICIENCY

INDUSTRIAL POLLUTION

AND ITS EFFECT ON HEALTH

ANGUL DISTRICT

SUNDARGARH

PALLAHRA

KEONJHAR

21°-30'

5 10 5 10
(SCALE IN MILES)

DEOGARH

KANIHA

CHHENDIPADA

KISHORE NAGAR

TALCHER

DHENKANAL

ANGUL

ATHMALLIK

BOUDH

ANGULI (BANARPAL)

NAYAGARH

CUTTACK

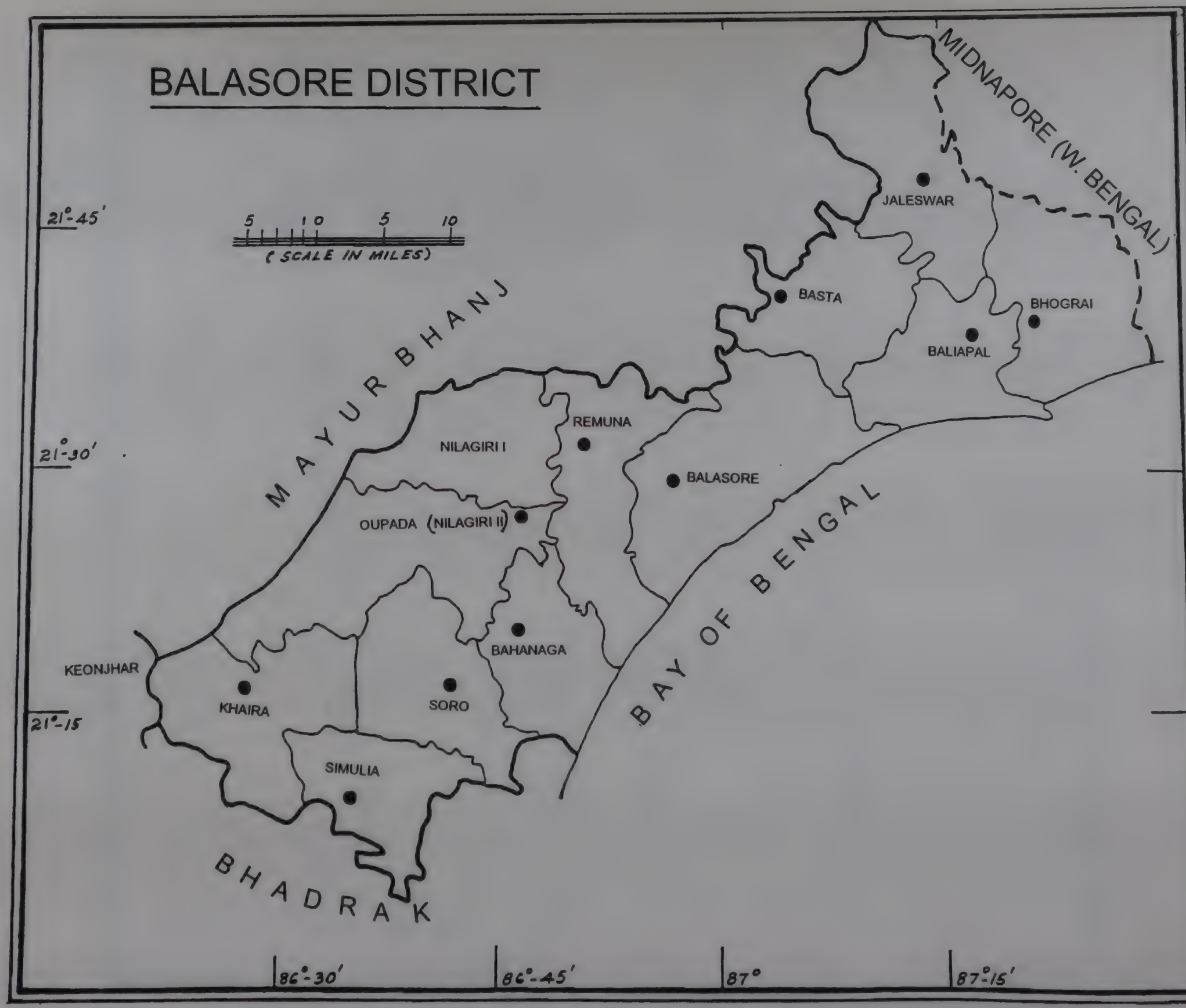
84°-30'

84°-45'

85°

85°-15'

BALASORE DISTRICT



DISTRICT PROFILE

II. BALASORE

GENERAL PARTICULARS

AREA(SQ.KM.)	3705
% TO TOTAL STATE AREA	2
SUB-DIVISIONS	2
TEHSILS	6
BLOCKS	12
GRAM PANCHAYATS	256
TOWNS	4
VILLAGES	2971
% OF FOREST AREA	7.93
% OF NET AREA SOWN TO TOTAL AREA	68.71

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1696583
DO, FEMALE	828942
DO, MALE	867641
DO, RURAL	1542431
DO, URBAN	154152
SEX-RATIO (FEMALES/1000MALES)	955
DENSITY OF POPULATION (PER SQ. KMS)	458
DECADAL GROWTH RATE (1981 - 91)	+24.96
% OF ST POPULATION	11.52
%OF SC POPULATION	18.56
% OF URBAN POPULATION	9.07
% OF CULTIVATORS	48.62
% OF AGRICULTURAL LABOUR	26.84
% LITERACY RATE	47.55
DO, FEMALE	35.83
DO, MALE	58.75

MEDICAL INSTITUTIONS

HOSPITALS	5
P H C'S	9
UGPHC'S	1
CHC'S	2
APHC/APHC(N)/PHC(N)	26
DISPENSARIES	12
S H C'S	7
M A C/M H U	5
SUB-CENTRES	250
NUMBER OF BEDS	463
NGO'S	47

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	175848
+VE	2648
ABER	10.76
SPR	0.22
API	1.62
Pf%	74.66

LEPROSY 1994

PREVALENCE RATE	1.46
ACTIVE CASES REGISTERED	2626
CHILD CASES (0-14 YEARS)	462
DO, %AGE AMONG NEW CASES	22.80
DEFORMITY CASES	46
DO, %AGE AMONG NEW CASES	2.30

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	25.83
CC USERS	11.37
IUD	41.53
ORAL PILL USERS	54.12

IMMUNIZATION

DPT	58.31
BCG	58.41
POLIO	72.10
MEASLES	78.19
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	73.19
DO (1 - 2 YEARS)	33.10
DT (5 YEARS	17.37
TT (10 YEARS)	6.22
TT (16 YEARS)	6.21
TT (PW)	49.98

EMERGING PROBLEMS

HIGH FERTILITY

HIGH MORTALITY

DIARRHOEAL DEATH

DISTRICT PROFILE

III. BARGARH

GENERAL PARTICULARS

AREA(SQ.KM.)	5,831.60
% TO TOTAL STATE AREA	3.74
SUB-DIVISIONS	2
TEHSILS	8
BLOCKS	12
GRAM PANCHAYATS	196
TOWNS	3
VILLAGES	1208
% OF FOREST AREA	19.40
% OF NET AREA SOWN TO TOTAL AREA	61.52

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1207172
DO, FEMALE	597256
DO, MALE	609916
DO, RURAL	1126625
DO, URBAN	80547
SEX-RATIO (FEMALES/1000MALES)	979
DENSITY OF POPULATION (PER SQ. KMS)	207
DECADAL GROWTH RATE (1981 - 91)	+16.93
% OF ST POPULATION	16.98
%OF SC POPULATION	18.47
% OF URBAN POPULATION	6.91
% OF CULTIVATORS	46.08
% OF AGRICULTURAL LABOUR	32.66
% LITERACY RATE	40.34
DO, FEMALE	26.46
DO, MALE	53.93

MEDICAL INSTITUTIONS

HOSPITALS	4
P H C'S	11
UGPHC'S	-
CHC'S	2
APHC/APHC(N)/PHC(N)	18
DISPENSARIES	5
S H C'S	8
M A C/M H U	-
SUB-CENTRES	187
NUMBER OF BEDS	122
NGO'S	8

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	64516
+VE	1838
ABER	5.11
SPR	2.84
API	1.45
Pf%	60.82

LEPROSY 1994

PREVALENCE RATE	2.75
ACTIVE CASES REGISTERED	3530
CHILD CASES (0-14 YEARS)	351
DO, %AGE AMONG NEW CASES	21.30
DEFORMITY CASES	155
DO, %AGE AMONG NEW CASES	5.70

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	17.56
CC USERS	31.37
IUD	27.09
ORAL PILL USERS	20.19

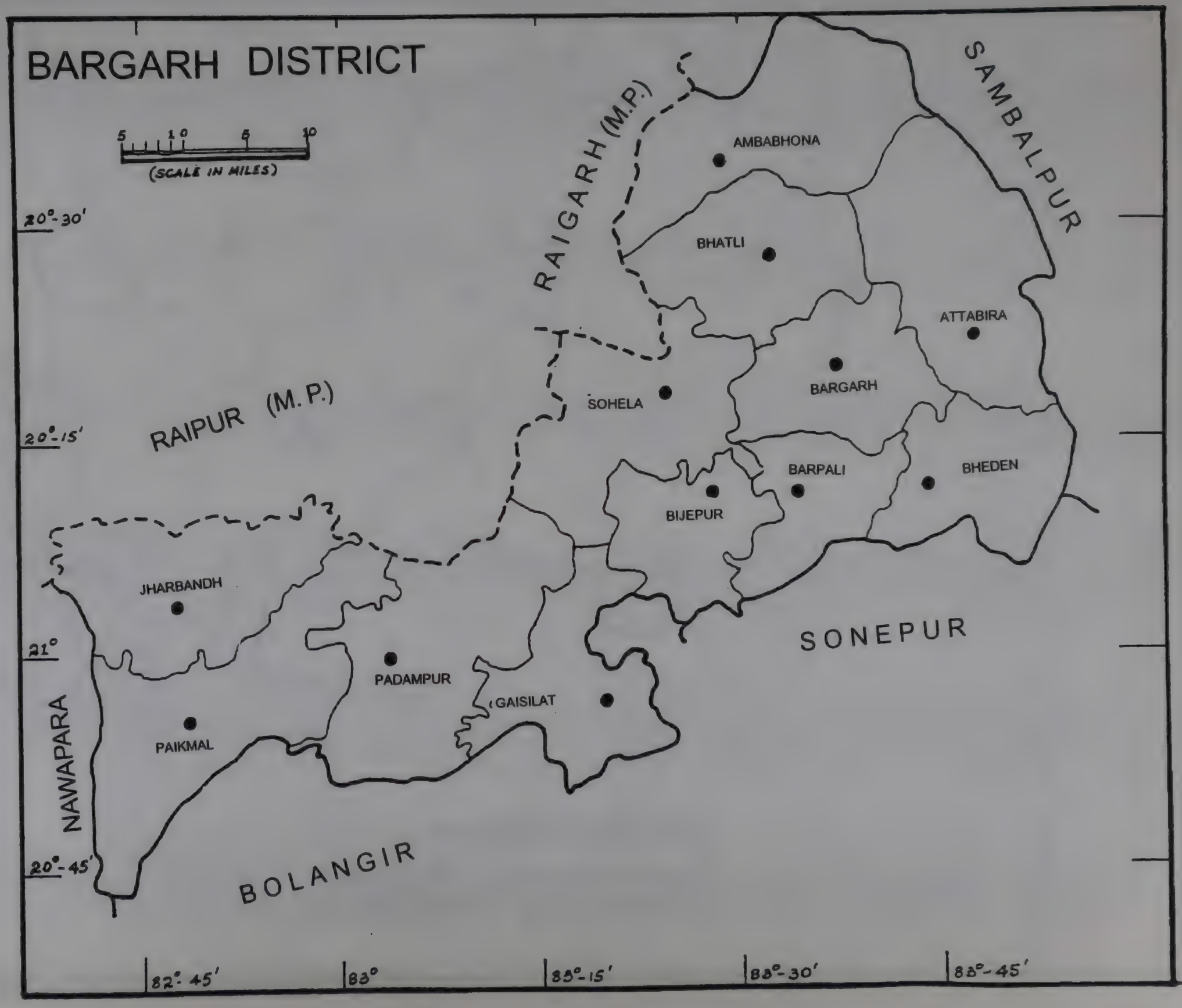
IMMUNIZATION

DPT	48.99
BCG	44.21
POLIO	48.99
MEASLES	34
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	34
DO (1 - 2 YEARS)	27.50
DT (5 YEARS	9.06
TT (10 YEARS)	24.31
TT (16 YEARS)	7.47
TT (PW)	37.76

EMERGING PROBLEMS

SICKLE CELL ANAEMIA

BARGARH DISTRICT



BHADRAK DISTRICT

5 0 5 10
(SCALE IN MILES)

21°-15'

BALASORE

KEONJHAR

BONTA

BHADRAK

BASUDEBPUR

BAY OF BENGAL

21°

BHANDARIPOKHARI

TIHIDI

DHAMNAGAR

JAJPUR

CHANDBALI

KENDRA PARA

20°-45'

86°-30'

86°-45'

87°

DISTRICT PROFILE

IV. BHADRAK

GENERAL PARTICULARS

AREA(SQ.KM.)	2,787.90
% TO TOTAL STATE AREA	1.79
SUB-DIVISIONS	1
TEHSILS	5
BLOCKS	7
GRAM PANCHAYATS	166
TOWNS	3
VILLAGES	1307
% OF FOREST AREA	28.02
% OF NET AREA SOWN TO TOTAL AREA	72.41

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1105834
DO, FEMALE	548817
DO, MALE	557017
DO, RURAL	995993
DO, URBAN	109841
SEX-RATIO (FEMALES/1000MALES)	985
DENSITY OF POPULATION (PER SQ. KMS)	397
DECADAL GROWTH RATE (1981 - 91)	+23.55
% OF ST POPULATION	1.69
%OF SC POPULATION	21.69
% OF URBAN POPULATION	9.94
% OF CULTIVATORS	57.74
% OF AGRICULTURAL LABOUR	19.01
% LITERACY RATE	49.72
DO, FEMALE	38.25
DO, MALE	61.04

MEDICAL INSTITUTIONS

HOSPITALS	2
P H C'S	2
UGPHC'S	-
CHC'S	5
APHC/APHC(N)/PHC(N)	23
DISPENSARIES	5
S H C'S	8
M A C/M H U	-
SUB-CENTRES	159
NUMBER OF BEDS	233
NGO'S	25

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	88225
+VE	238
ABER	8.53
SPR	0.26
API	2.30
Pf%	27.73

LEPROSY 1994

PREVALENCE RATE	1.59
ACTIVE CASES REGISTERED	1874
CHILD CASES (0-14 YEARS)	232
DO, %AGE AMONG NEW CASES	22.90
DEFORMITY CASES	24
DO, %AGE AMONG NEW CASES	2.19

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	27.97
CC USERS	47.05
IUD	43.72
ORAL PILL USERS	54.12

IMMUNIZATION

DPT	84.47
BCG	90.99
POLIO	85.65
MEASLES	79.53
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	79.53
DO (1 - 2 YEARS)	26.95
DT (5 YEARS	60.29
TT (10 YEARS)	24.44
TT (16 YEARS)	25.36
TT (PW)	70.27

EMERGING PROBLEMS

HIGH FERTILITY

HIGH MORTALITY

DIARRHOEAL DISEASE

DISTRICT PROFILE

V. BOUDH

GENERAL PARTICULARS

AREA(SQ.KM.)	1,833.50
% TO TOTAL STATE AREA	1.17
SUB-DIVISIONS	1
TEHSILS	1
BLOCKS	3
GRAM PANCHAYATS	66
TOWNS	1
VILLAGES	1156
% OF FOREST AREA	36.84
% OF NET AREA SOWN TO TOTAL AREA	28

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	317662
DO, FEMALE	157762
DO, MALE	159860
DO, RURAL	302164
DO, URBAN	15458
SEX-RATIO (FEMALES/1000MALES)	987
DENSITY OF POPULATION (PER SQ. KMS)	173
DECADAL GROWTH RATE (1981 - 91)	+18.32
% OF ST POPULATION	12.92
% OF SC POPULATION	19.63
% OF URBAN POPULATION	4.86
% OF CULTIVATORS	53.42
% OF AGRICULTURAL LABOUR	33.29
% LITERACY RATE	34.27
DO, FEMALE	17.50
DO, MALE	50.79

MEDICAL INSTITUTIONS

HOSPITALS	2
P H C'S	3
UGPHC'S	-
CHC'S	-
APHC/APHC(N)/PHC(N)	5
DISPENSARIES	-
S H C'S	-
M A C/M H U	1
SUB-CENTRES	59
NUMBER OF BEDS	78
NGO'S	6

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	43280
+VE	6588
ABER	15.25
SPR	12.40
API	21.78
Pf%	82.98

LEPROSY 1994

PREVALENCE RATE	8.62
ACTIVE CASES REGISTERED	2904
CHILD CASES (0-14 YEARS)	62
DO, %AGE AMONG NEW CASES	14.50
DEFORMITY CASES	25
DO, %AGE AMONG NEW CASES	3.10

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	16.04
CC USERS	51.28
IUD	52.04
ORAL PILL USERS	51.30

IMMUNIZATION

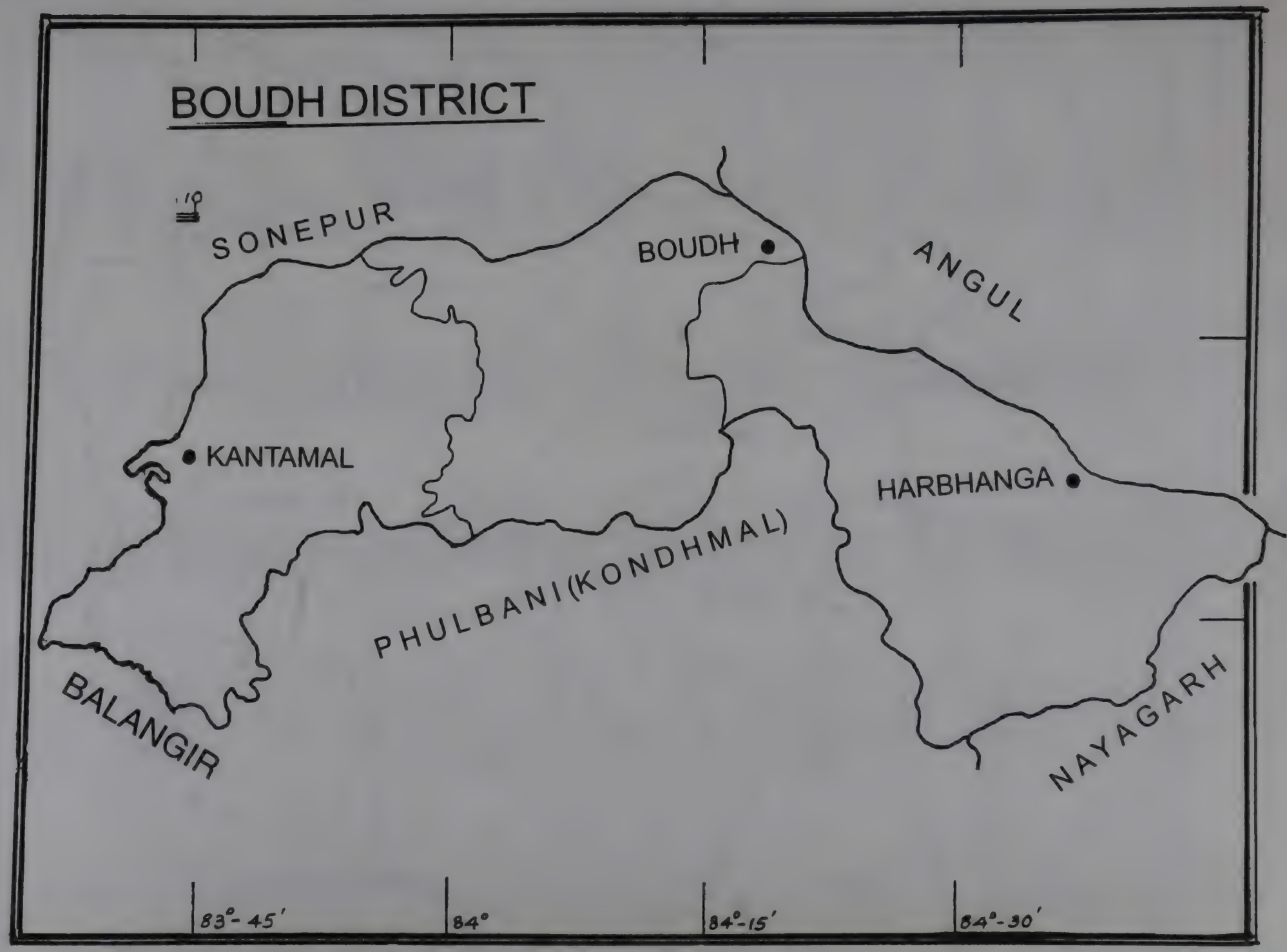
DPT	47.24
BCG	42.42
POLIO	46.14
MEASLES	50.27
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	74.48
DO (1 - 2 YEARS)	19.78
DT (5 YEARS	5.01
TT (10 YEARS)	5.59
TT (16 YEARS)	7.68
TT (PW)	50.12

EMERGING PROBLEMS

SICKLE CELL ANAEMIA & FLUOROSIA

LEPROSY

MALARIA


BOUDH DISTRICT
SONEPUR
BOUDH
ANGUL
KANTAMAL
HARBHANGA
PHULBANI(KONDHMAL)
BALANGIR
NAYAGARH
83°-45'
84°
84°-15'
84°-30'

BALANGIR DISTRICT

SCALE IN MILES

AGALPUR

BARGARH

SONEPUR

LUISINGA

KHAPRAKHOL

PATNAGARH

BOLANGIR

PUINTALA

BELPARA

DEOGAON

TUREIKELA

PHULBANI

SAINTALA

GUDVELA

MURIBAHAL

NAWAPARA

BONGOMUNDA

TITLAGARH

KALAHANDI

82° 45 | 83° | 15' | 30' | 45' | 84°

20° | 15' | 30'

DISTRICT PROFILE

VI. BOLANGIR

GENERAL PARTICULARS

AREA(SQ.KM.)	6,551.50
% TO TOTAL STATE AREA	4.20
SUB-DIVISIONS	3
TEHSILS	5
BLOCKS	14
GRAM PANCHAYATS	241
TOWNS	4
VILLAGES	1792
% OF FOREST AREA	17.13
% OF NET AREA SOWN TO TOTAL AREA	51.57

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1230938
DO, FEMALE	609452
DO, MALE	621486
DO, RURAL	1101518
DO, URBAN	129420
SEX-RATIO (FEMALES/1000MALES)	981
DENSITY OF POPULATION (PER SQ. KMS)	188
DECADAL GROWTH RATE (1981 - 91)	+15.94
% OF ST POPULATION	22.04
%OF SC POPULATION	15.35
% OF URBAN POPULATION	10.56
% OF CULTIVATORS	49.06
% OF AGRICULTURAL LABOUR	17.84
% LITERACY RATE	32.41
DO, FEMALE	17.89
DO, MALE	46.62

MEDICAL INSTITUTIONS

HOSPITALS	6
P H C'S	12
UGPHC'S	-
CHC'S	3
APHC/APHC(N)/PHC(N)	20
DISPENSARIES	2
S H C'S	3
M A C/M H U	1
SUB-CENTRES	217
NUMBER OF BEDS	444
NGO'S	22

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	110704
+VE	9661
ABER	9.01
SPR	8.72
API	7.87
Pf%	70.71

LEPROSY 1994

PREVALENCE RATE	4.47
ACTIVE CASES REGISTERED	5840
CHILD CASES (0-14 YEARS)	770
DO, %AGE AMONG NEW CASES	24.30
DEFORMITY CASES	19
DO, %AGE AMONG NEW CASES	3.50

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	11.86
CC USERS	58.34
IUD	70.34
ORAL PILL USERS	62.61

IMMUNIZATION

DPT	73.37
BCG	34.86
POLIO	74.00
MEASLES	51.60
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	68.50
DO (1 - 2 YEARS)	37.82
DT (5 YEARS	40.77
TT (10 YEARS)	32.59
TT (16 YEARS)	24.60
TT (PW)	52.62

EMERGING PROBLEMS

SICKLE CELL ANAEMIA

MALNUTRITION

LEPROSY

DISTRICT PROFILE

VII. CUTTACK

GENERAL PARTICULARS

AREA(SQ.KM.)	3,915.20
% TO TOTAL STATE AREA	2.51
SUB-DIVISIONS	3
TEHSILS	11
BLOCKS	14
GRAM PANCHAYATS	262
TOWNS	7
VILLAGES	1865
% OF FOREST AREA	27.70
% OF NET AREA SOWN TO TOTAL AREA	52.30

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1972739
DO, FEMALE	944992
DO, MALE	1027747
DO, RURAL	1486878
DO, URBAN	485861
SEX-RATIO (FEMALES/1000MALES)	919
DENSITY OF POPULATION (PER SQ. KMS)	504
DECADAL GROWTH RATE (1981 - 91)	+19.50
% OF ST POPULATION	3.49
%OF SC POPULATION	18.19
% OF URBAN POPULATION	24.63
% OF CULTIVATORS	30.49
% OF AGRICULTURAL LABOUR	22.16
% LITERACY RATE	55.60
DO, FEMALE	44.44
DO, MALE	65.85

MEDICAL INSTITUTIONS

HOSPITALS	7
P H C'S	10
UGPHC'S	4
CHC'S	-
APHC/APHC(N)/PHC(N)	31
DISPENSARIES	12
S H C'S	6
M A C/M H U	-
SUB-CENTRES	299
NUMBER OF BEDS	1987
NGO'S	51

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	118029
+VE	2419
ABER	5.77
SPR	0.02
API	1.18
Pf%	82.18

LEPROSY 1994

PREVALENCE RATE	1.41
ACTIVE CASES REGISTERED	2966
CHILD CASES (0-14 YEARS)	698
DO, %AGE AMONG NEW CASES	30.40
DEFORMITY CASES	78
DO, %AGE AMONG NEW CASES	3.30

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	21.79
CC USERS	21.02
IUD	34.40
ORAL PILL USERS	32.80

IMMUNIZATION

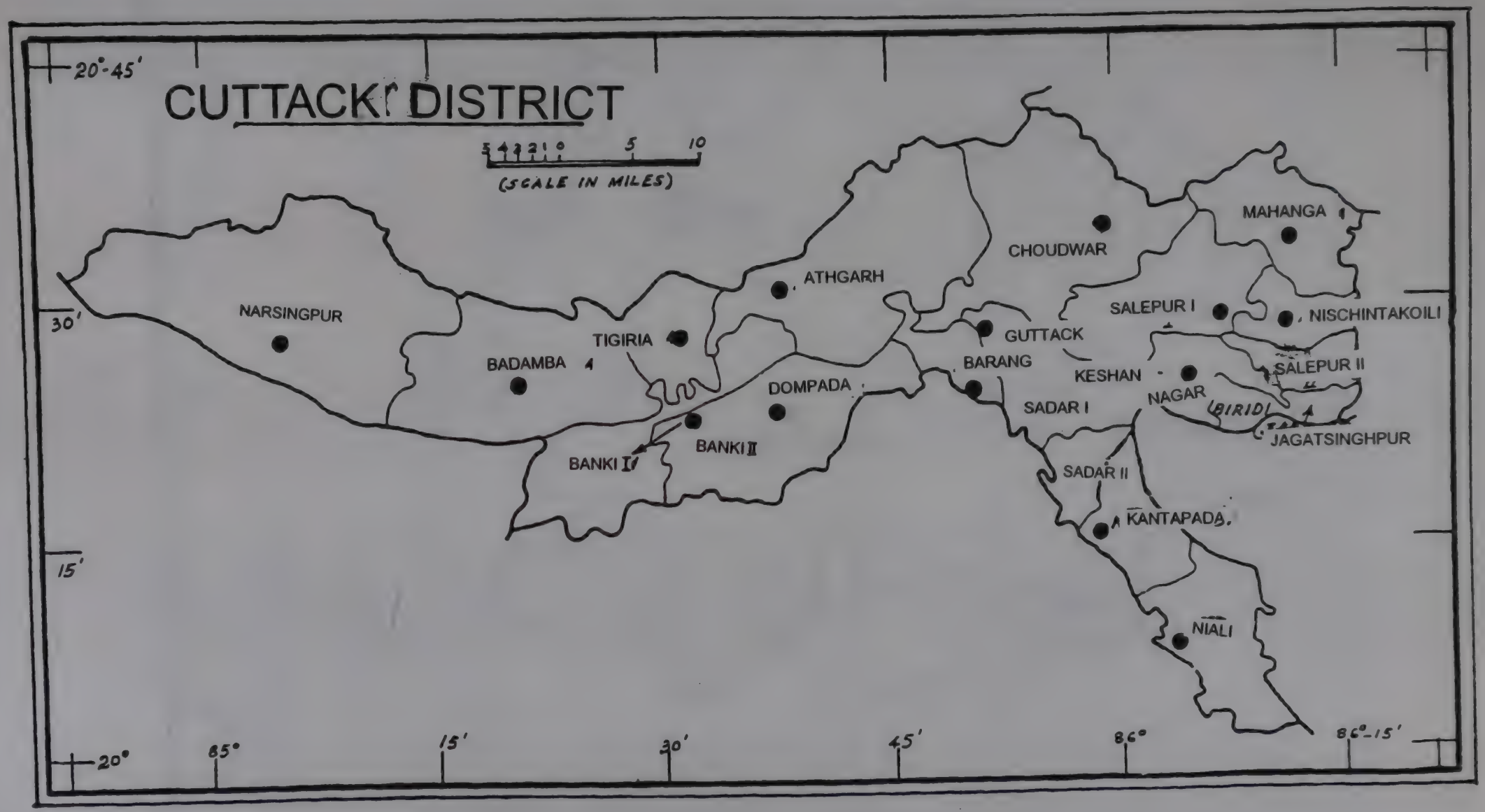
DPT	58.31
BCG	31.40
POLIO	32.55
MEASLES	21.37
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	37.22
DO (1 - 2 YEARS)	17.13
DT (5 YEARS	2.73
TT (10 YEARS)	0.47
TT (16 YEARS)	0.55
TT (PW)	32.01

EMERGING PROBLEMS

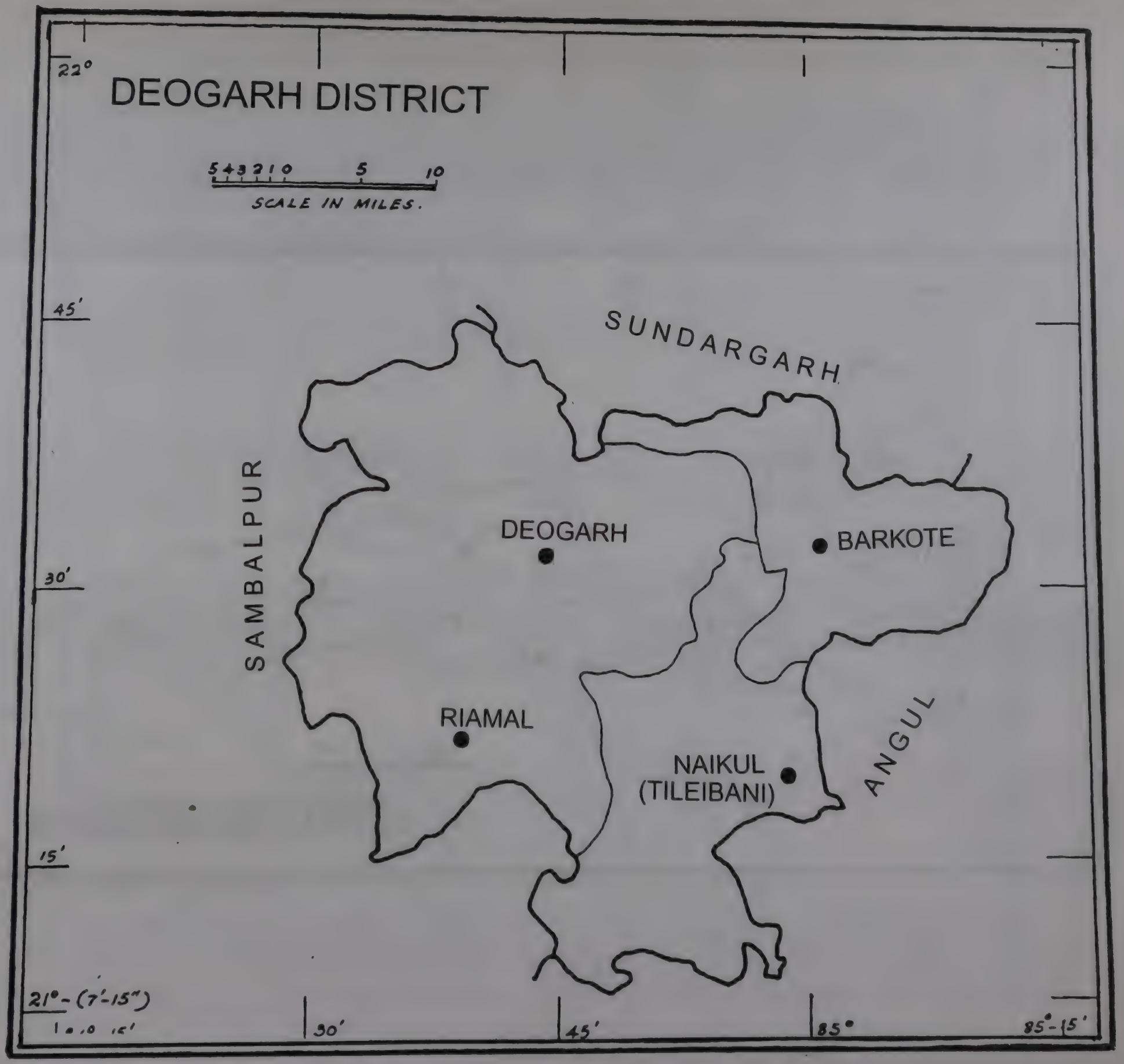
DIARRHOEAL DISEASE

GASTRO-ENTERITIS

CUTTACK DISTRICT



DEOGARH DISTRICT



DISTRICT PROFILE

VIII. DEOGARH

GENERAL PARTICULARS

AREA(SQ.KM.)	1887
% TO TOTAL STATE AREA	-
SUB-DIVISIONS	1
TEHSILS	1
BLOCKS	3
GRAM PANCHAYATS	-
TOWNS	2
VILLAGES	505
% OF FOREST AREA	36.48
% OF NET AREA SOWN TO TOTAL AREA	38.42

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	234238
DO, FEMALE	106066
DO, MALE	118172
DO, RURAL	-
DO, URBAN	-
SEX-RATIO (FEMALES/1000MALES)	992
DENSITY OF POPULATION (PER SQ. KMS)	124
DECADAL GROWTH RATE '(1981 - 91)	+17.86
% OF ST POPULATION	34.39
%OF SC POPULATION	14.60
% OF URBAN POPULATION	7.37
% OF CULTIVATORS	-
% OF AGRICULTURAL LABOUR	-
% LITERACY RATE	36.55
DO, FEMALE	26.38
DO, MALE	48.77

MEDICAL INSTITUTIONS

HOSPITALS	3
P H C'S	3
UGPHC'S	-
CHC'S	-
APHC/APHC(N)/PHC(N)	4
DISPENSARIES	-
S H C'S	1
M A C/M H U	-
SUB-CENTRES	35
NUMBER OF BEDS	128
NGO'S	3

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	44627
+VE	7258
ABER	18.97
SPR	16.26
API	13.80
Pf%	95.89

LEPROSY 1994

PREVALENCE RATE	3.65
ACTIVE CASES REGISTERED	907
CHILD CASES (0-14 YEARS)	173
DO, %AGE AMONG NEW CASES	18.50
DEFORMITY CASES	55
DO, %AGE AMONG NEW CASES	5.90

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	6.58
CC USERS	31.08
IUD	47.43
ORAL PILL USERS	40

IMMUNISATION

DPT	66.42
BCG	61
POLIO	66.98
MEASLES	42.54
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	78.54
DO (1 - 2 YEARS)	26.89
DT (5 YEARS	19.19
TT (10 YEARS)	16.60
TT (16 YEARS)	11.08
TT (PW)	59.54

EMERGING PROBLEMS

SICKLE CELL DISEASE

MALARIA

LEPROSY

COMMUNITY HEALTH CELL
LIBRARY AND DOCUMENTATION UNIT
BANGALORE.

PH-120
04416

DISTRICT PROFILE

IX. DHENKANAL

GENERAL PARTICULARS

AREA(SQ.KM.)	4,597.10
% TO TOTAL STATE AREA	2.95
SUB-DIVISIONS	3
TEHSILS	4
BLOCKS	8
GRAM PANCHAYATS	172
TOWNS	3
VILLAGES	1221
% OF FOREST AREA	36.87
% OF NET AREA SOWN TO TOTAL AREA	39.64

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	947870
DO, FEMALE	462694
DO, MALE	485176
DO, RURAL	869758
DO, URBAN	78112
SEX-RATIO (FEMALES/1000MALES)	954
DENSITY OF POPULATION (PER SQ. KMS)	206
DECADAL GROWTH RATE (1981 - 91)	+18.92
% OF ST POPULATION	13.66
%OF SC POPULATION	14.03
% OF URBAN POPULATION	8.23
% OF CULTIVATORS	39.78
% OF AGRICULTURAL LABOUR	33.09
% LITERACY RATE	45.99
DO, FEMALE	33.69
DO, MALE	57.73

MEDICAL INSTITUTIONS

HOSPITALS	5
P H C'S	4
UGPHC'S	-
CHC'S	6
APHC/APHC(N)/PHC(N)	18
DISPENSARIES	4
S H C'S	5
M A C/M H U	-
SUB-CENTRES	150
NUMBER OF BEDS	373
NGO'S	69

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	112650
+VE	16849
ABER	11.86
SPR	15.70
API	18.70
Pf%	72.00

LEPROSY 1994

PREVALENCE RATE	2.50
ACTIVE CASES REGISTERED	2520
CHILD CASES (0-14 YEARS)	368
DO, %AGE AMONG NEW CASES	23.90
DEFORMITY CASES	27
DO, %AGE AMONG NEW CASES	2.10

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	0.90
CC USERS	29.24
IUD	34.52
ORAL PILL USERS	11.86

IMMUNIZATION

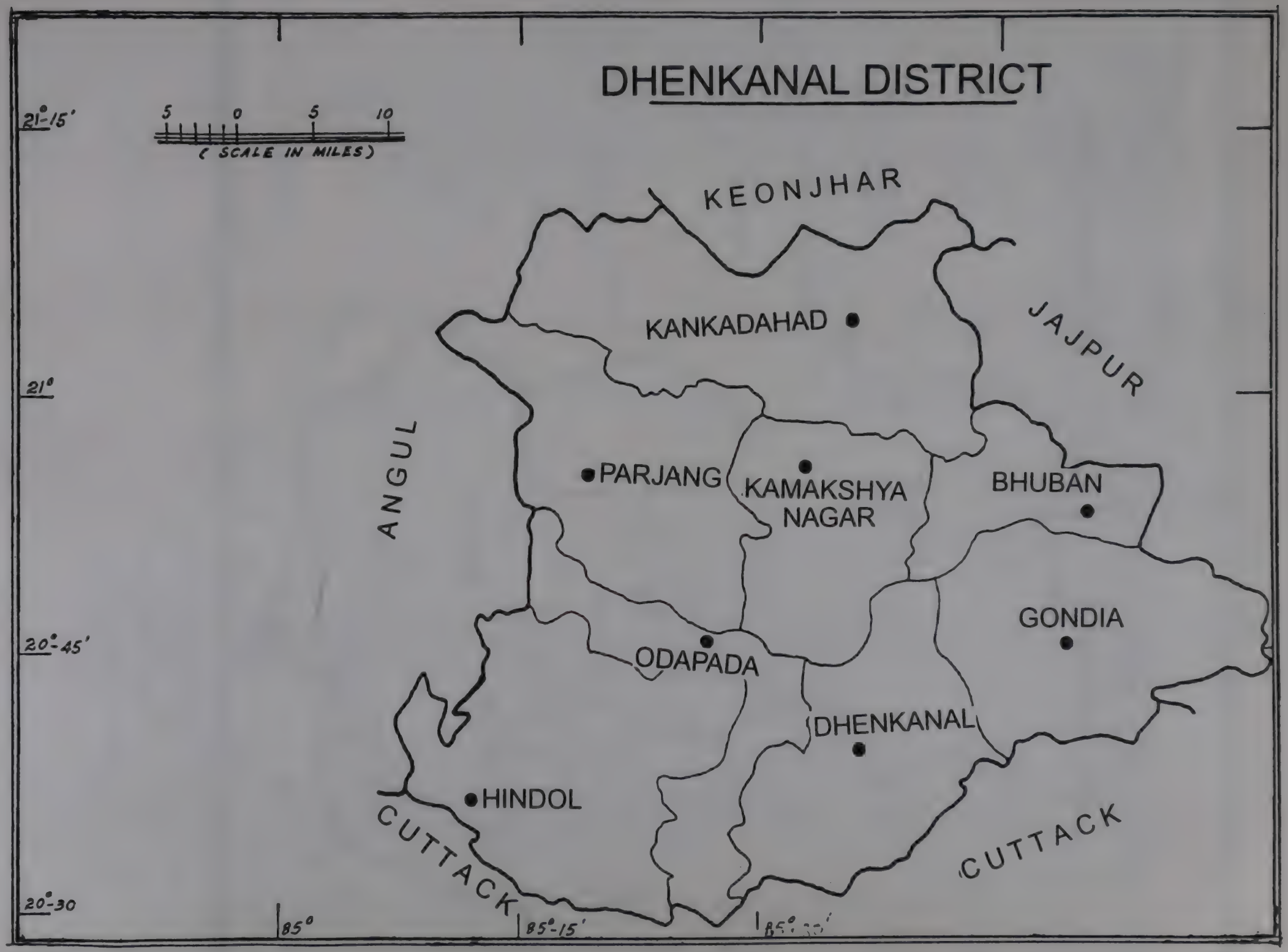
DPT	52.54
BCG	58.35
POLIO	53.74
MEASLES	40.73
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	36.07
DO (1 - 2 YEARS)	10.46
DT (5 YEARS	1.40
TT (10 YEARS)	1.78
TT (16 YEARS)	0.87
TT (PW)	44.56

EMERGING PROBLEMS

SICKLE CELL DISEASE

MALARIA

DHENKANAL DISTRICT



GAJAPATI DISTRICT

5 10 5 10

(SCALE IN MILES)

PHULBANI

MOHANA

GANJAM

R. UDAYAGIRI

NUAGADA

RAYAGADA

GUMMA

KASHINAGAR

PARALAKHEMUNDI

SRIKAKULAM (ANDHRA)

19°-30'

19°-15'

19°

18°-45'

84°

84°-15'

84°-30

DISTRICT PROFILE

X. GAJAPATI

GENERAL PARTICULARS

AREA(SQ.KM.)	3,016.80
% TO TOTAL STATE AREA	1.93
SUB-DIVISIONS	1
TEHSILS	2
BLOCKS	7
GRAM PANCHAYATS	106
TOWNS	7
VILLAGES	1576
% OF FOREST AREA	88.31
% OF NET AREA SOWN TO TOTAL AREA	23.37

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	454708
DO, FEMALE	230379
DO, MALE	224329
DO, RURAL	407939
DO, URBAN	46769
SEX-RATIO (FEMALES/1000MALES)	1027
DENSITY OF POPULATION (PER SQ. KMS)	151
DECADAL GROWTH RATE (1981 - 91)	+13.00
% OF ST POPULATION	47.86
%OF SC POPULATION	8.81
% OF URBAN POPULATION	10.35
% OF CULTIVATORS	50.26
% OF AGRICULTURAL LABOUR	35.60
% LITERACY RATE	24.00
DO, FEMALE	14.34
DO, MALE	33.92

MEDICAL INSTITUTIONS

HOSPITALS	2
P H C'S	6
UGPHC'S	1
CHC'S	-
APHC/APHC(N)/PHC(N)	10
DISPENSARIES	7
S H C'S	-
M A C/M H U	-
SUB-CENTRES	116
NUMBER OF BEDS	194
NGO'S	19

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	82348
+VE	11414
ABER	17.27
SPR	13.86
API	23.94
Pf%	91.52

LEPROSY 1994

PREVALENCE RATE	0.65
ACTIVE CASES REGISTERED	314
CHILD CASES (0-14 YEARS)	140
DO, %AGE AMONG NEW CASES	21.20
DEFORMITY CASES	-
DO, %AGE AMONG NEW CASES	-

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	49.29
CC USERS	55.68
IUD	43.54
ORAL PILL USERS	54.05

IMMUNIZATION

DPT	74.14
BCG	62.26
POLIO	74.14
MEASLES	89.27
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	60.82
DO (1 - 2 YEARS)	19.36
DT (5 YEARS	29.97
TT (10 YEARS)	24.81
TT (16 YEARS)	27.27
TT (PW)	53.19

EMERGING PROBLEMS

FALCIPARUM MALARIA

MENINGOCOCCAL MENINGITIS

DISTRICT PROFILE

XI. GANJAM

GENERAL PARTICULARS

AREA(SQ.KM.)	8,070.60
% TO TOTAL STATE AREA	5.10
SUB-DIVISIONS	3
TEHSILS	12
BLOCKS	22
GRAM PANCHAYATS	444
TOWNS	18
VILLAGES	3171
% OF FOREST AREA	54.13
% OF NET AREA SOWN TO TOTAL AREA	51.71

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	2704056
DO, FEMALE	1356014
DO, MALE	1348042
DO, RURAL	2280303
DO, URBAN	423753
SEX-RATIO (FEMALES/1000MALES)	1006
DENSITY OF POPULATION (PER SQ. KMS)	335
DECADAL GROWTH RATE (1981 - 91)	+19.25
% OF ST POPULATION	3.16
%OF SC POPULATION	17.89
% OF URBAN POPULATION	15.68
% OF CULTIVATORS	38.96
% OF AGRICULTURAL LABOUR	32.94
% LITERACY RATE	38.68
DO, FEMALE	24.85
DO, MALE	52.59

MEDICAL INSTITUTIONS

HOSPITALS	18
P H C'S	18
UGPHC'S	2
CHC'S	-
APHC/APHC(N)/PHC(N)	39
DISPENSARIES	10
S H C'S	7
M A C/M H U	2
SUB-CENTRES	424
NUMBER OF BEDS	1533
NGO'S	62

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	220196
+VE	16038
ABER	8.33
SPR	7.28
API	6.35
Pf%	81.41

LEPROSY 1994

PREVALENCE RATE	1.56
ACTIVE CASES REGISTERED	4490
CHILD CASES (0-14 YEARS)	846
DO, %AGE AMONG NEW CASES	22.70
DEFORMITY CASES	42
DO, %AGE AMONG NEW CASES	0.90

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	35.10
CC USERS	58.49
IUD	72.96
ORAL PILL USERS	89.06

IMMUNIZATION

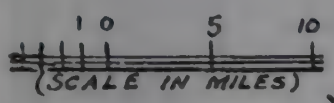
DPT	72.11
BCG	60.85
POLIO	72.98
MEASLES	40.91
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	40.64
DO (1 - 2 YEARS)	28.78
DT (5 YEARS	10.00
TT (10 YEARS)	10.81
TT (16 YEARS)	8.48
TT (PW)	52.77

EMERGING PROBLEMS

DIARRHOEAL DISEASE

GASTRO-ENTERITIS

GANJAM DISTRICT



NAYAGARH

PHULBANI

JAGANNATHPRASAD

BHANJANAGAR

BELAGUNTHA

BUGUDA

SORADA

POLSARA

KHURDA

ASKA

KODALA

DHARAKOTE

K.S. NAGAR

KHALLIKOTE

SHERAGADA

SANAKHEMUNDI

HINJILIKATU

PURUSOTTAMPUR

GANJAM

DIGAPAHANDI

CHHATRAPUR

BERHAMPUR

RANGEILUNDA

BAY OF BENGAL

CHIKITI

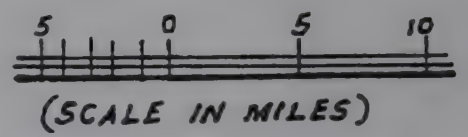
GAJAPATI

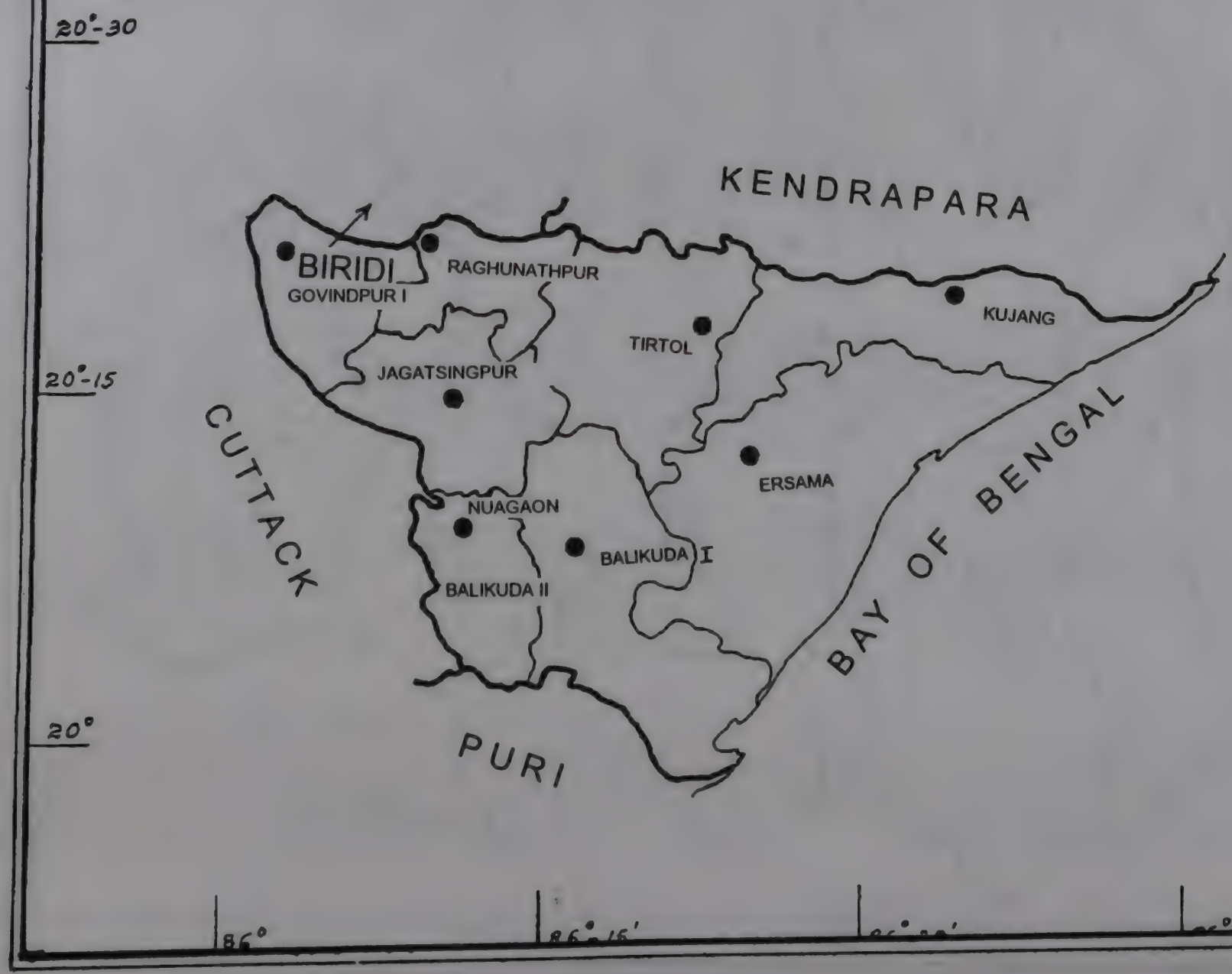
PATRAPUR

SRIKAKULAM (ANDHRA)

84°-15' 84°-30' 84°-45' 85°

JAGATSINGHPUR DISTRICT





DISTRICT PROFILE

XII. JAGATSINGPUR

GENERAL PARTICULARS

AREA(SQ.KM.)	1,739.40
% TO TOTAL STATE AREA	1.11
SUB-DIVISIONS	1
TEHSILS	4
BLOCKS	8
GRAM PANCHAYATS	181
TOWNS	2
VILLAGES	1391
% OF FOREST AREA	6.60
% OF NET AREA SOWN TO TOTAL AREA	62.62

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1014242
DO, FEMALE	501108
DO, MALE	513134
DO, RURAL	938150
DO, URBAN	76092
SEX-RATIO (FEMALES/1000MALES)	977
DENSITY OF POPULATION (PER SQ. KMS)	577
DECADAL GROWTH RATE (1981 - 91)	+17.70
% OF ST POPULATION	0.16
%OF SC POPULATION	21.69
% OF URBAN POPULATION	7.49
% OF CULTIVATORS	46.46
% OF AGRICULTURAL LABOUR	21.18
% LITERACY RATE	55.71
DO, FEMALE	44.91
DO, MALE	66.27

MEDICAL INSTITUTIONS

HOSPITALS	2
P H C'S	6
UGPHC'S	2
CHC'S	1
APHC/APHC(N)/PHC(N)	17
DISPENSARIES	5
S H C'S	5
M A C/M H U	-
SUB-CENTRES	182
NUMBER OF BEDS	150
NGO'S	17

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	52142
+VE	65
ABER	5.58
SPR	0.12
API	0.06
Pf%	43.07

LEPROSY 1994

PREVALENCE RATE	1.09
ACTIVE CASES REGISTERED	1179
CHILD CASES (0-14 YEARS)	270
DO, %AGE AMONG NEW CASES	25.20
DEFORMITY CASES	62.00
DO, %AGE AMONG NEW CASES	4.40

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	5.17
CC USERS	55.24
IUD	39.67
ORAL PILL USERS	60.42

IMMUNIZATION

DPT	71.12
BCG	77.63
POLIO	71.68
MEASLES	45.60
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	66.72
DO (1 - 2 YEARS)	39.56
DT (5 YEARS	7.10
TT (10 YEARS)	7.28
TT (16 YEARS)	7.53
TT (PW)	44.88

EMERGING PROBLEMS

DIARRHOEAL DISEASE

DISTRICT PROFILE

XIII. JAJPUR

GENERAL PARTICULARS

AREA(SQ.KM.)	2,884.90
% TO TOTAL STATE AREA	1.85
SUB-DIVISIONS	1
TEHSILS	5
BLOCKS	10
GRAM PANCHAYATS	242
TOWNS	2
VILLAGES	1781
% OF FOREST AREA	13.50
% OF NET AREA SOWN TO TOTAL AREA	57.82

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1386177
DO, FEMALE	685172
DO, MALE	701005
DO, RURAL	1332747
DO, URBAN	53431
SEX-RATIO (FEMALES/1000MALES)	977
DENSITY OF POPULATION (PER SQ. KMS)	480
DECADAL GROWTH RATE (1981 - 91)	+22.01
% OF ST POPULATION	7.41
%OF SC POPULATION	22.87
% OF URBAN POPULATION	3.82
% OF CULTIVATORS	41.92
% OF AGRICULTURAL LABOUR	28.32
% LITERACY RATE	48.05
DO, FEMALE	37.66
DO, MALE	58.20

MEDICAL INSTITUTIONS

HOSPITALS	3
P H C'S	9
UGPHC'S	1
CHC'S	-
APHC/APHC(N)/PHC(N)	30
DISPENSARIES	4
S H C'S	8
M A C/M H U	4
SUB-CENTRES	235
NUMBER OF BEDS	223
NGO'S	27

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	79703
+VE	1887
ABER	5.77
SPR	2.36
API	1.36
Pf%	48.96

LEPROSY 1994

PREVALENCE RATE	1.36
ACTIVE CASES REGISTERED	2004
CHILD CASES (0-14 YEARS)	698
DO, %AGE AMONG NEW CASES	30.40
DEFORMITY CASES	78
DO, %AGE AMONG NEW CASES	3.30

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	1.86
CC USERS	12.44
IUD	43.37
ORAL PILL USERS	45.70

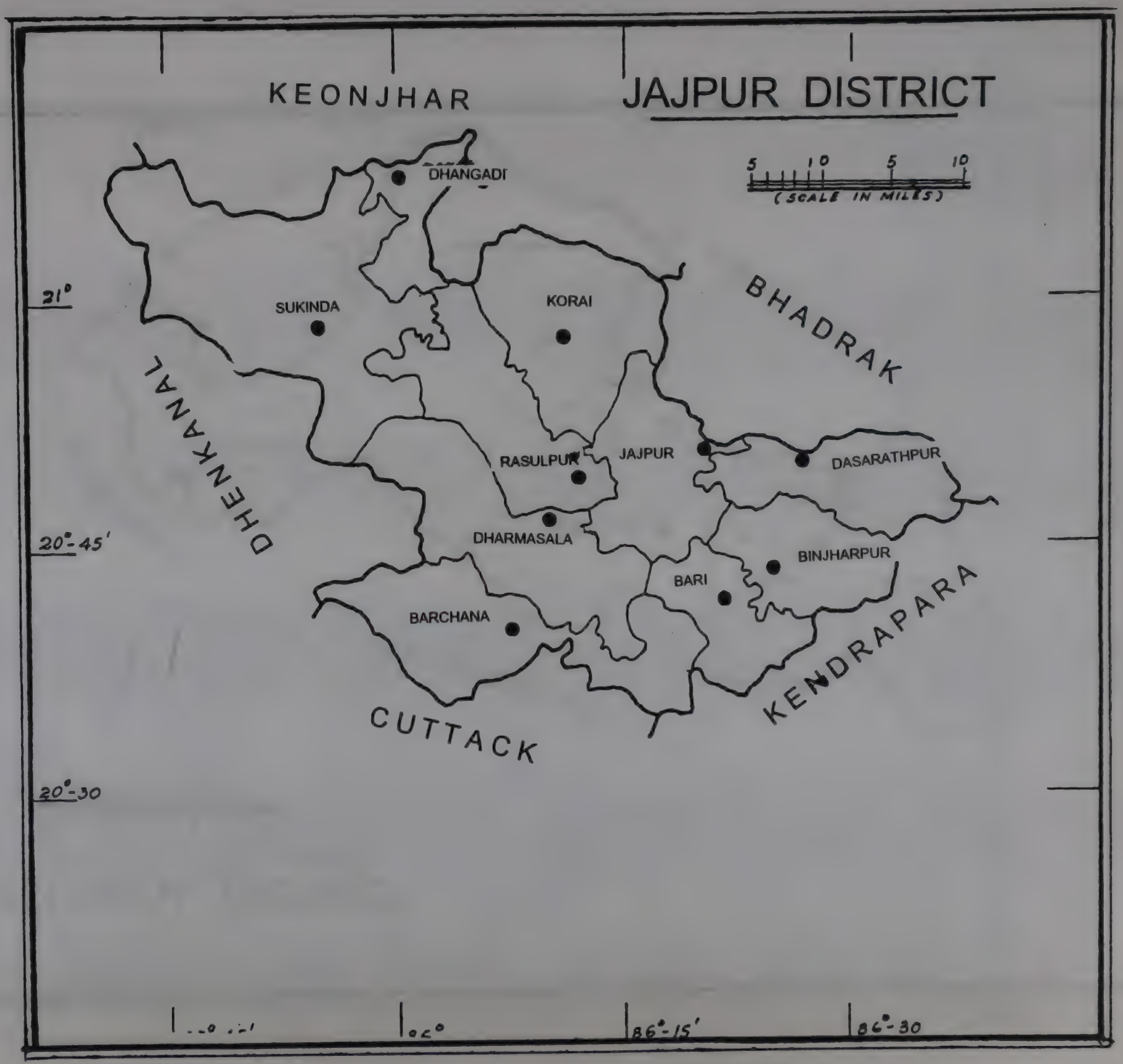
IMMUNIZATION

DPT	44.63
BCG	68.47
POLIO	44.63
MEASLES	31.05
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	37.64
DO (1 - 2 YEARS)	-
DT (5 YEARS	11.09
TT (10 YEARS)	7.63
TT (16 YEARS)	3.98
TT (PW)	39.60

EMERGING PROBLEMS

DIARRHOEAL DISEASE

SKIN DISEASE


JAJPUR DISTRICT
KEONJHAR
DHANGADI
SUKINDA
KORAI
BHADRAK
DHENKANAL
RASULPUR
JAJPUR
DASARATHPUR
DHARMASALA
BINJHARPUR
BARI
BARCHANA
CUTTACK
KENDRAPARA
5 10 5 10
(SCALE IN MILES)
21°
20°-45'
20°-30
86°-15'
86°-30

JHARSUGUDA DISTRICT

5 0 5 10

(SCALE IN MILES)

22°

21-45'

SUNDARGARH

KIRMIRA

LAIKIRA

JHARSUGUDA

KOLABIRA

LAKHANPUR

RAIGARH(M.P.)

SAMBALPUR

HIRAKUD Reservoir

BARGARH

83°-30'

83°-45'

84°

84°-15'

DISTRICT PROFILE

XIV. JHARSUGUDA

GENERAL PARTICULARS

AREA(SQ.KM.)	2308
% TO TOTAL STATE AREA	1
SUB-DIVISIONS	1
TEHSILS	2
BLOCKS	5
GRAM PANCHAYATS	-
TOWNS	4
VILLAGES	-
% OF FOREST AREA	36.42
% OF NET AREA SOWN TO TOTAL AREA	44.64

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	592983
DO, FEMALE	288052
DO, MALE	304931
DO, RURAL	-
DO, URBAN	-
SEX-RATIO (FEMALES/1000MALES)	944
DENSITY OF POPULATION (PER SQ. KMS)	256
DECADAL GROWTH RATE (1981 - 91)	+23.81
% OF ST POPULATION	35.59
%OF SC POPULATION	15.84
% OF URBAN POPULATION	26.96
% OF CULTIVATORS	-
% OF AGRICULTURAL LABOUR	-
% LITERACY RATE	43.27
DO, FEMALE	30.01
DO, MALE	55.81

MEDICAL INSTITUTIONS

HOSPITALS	4
P H C'S	4
UGPHC'S	-
CHC'S	2
APHC/APHC(N)/PHC(N)	11
DISPENSARIES	1
S H C'S	2
M A C/M H U	1
SUB-CENTRES	58
NUMBER OF BEDS	227
NGO'S	7

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	25879
+VE	1259
ABER	5.74
SPR	4.86
API	2.79
Pf%	81.49

LEPROSY 1994

PREVALENCE RATE	3.69
ACTIVE CASES REGISTERED	1751
CHILD CASES (0-14 YEARS)	174
DO, %AGE AMONG NEW CASES	19.20
DEFORMITY CASES	69
DO, %AGE AMONG NEW CASES	4.80

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	4.11
CC USERS	56.09
IUD	39.73
ORAL PILL USERS	20.17

IMMUNIZATION

DPT	66.54
BCG	82.68
POLIO	67.51
MEASLES	73.58
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	77.20
DO (1 - 2 YEARS)	39.20
DT (5 YEARS	26.01
TT (10 YEARS)	11.10
TT (16 YEARS)	11.75
TT (PW)	60.75

EMERGING PROBLEMS

MALNUTRITION

SICKLE CELL DISEASE

LEPROSY

DISTRICT PROFILE

XV. KALAHANDI

GENERAL PARTICULARS

AREA(SQ.KM.)	8,197.40
% TO TOTAL STATE AREA	5.26
SUB-DIVISIONS	2
TEHSILS	5
BLOCKS	13
GRAM PANCHAYATS	195
TOWNS	3
VILLAGES	2205
% OF FOREST AREA	46.99
% OF NET AREA SOWN TO TOTAL AREA	53.70

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1130903
DO, FEMALE	565595
DO, MALE	565308
DO, RURAL	1052740
DO, URBAN	78163
SEX-RATIO (FEMALES/1000MALES)	999
DENSITY OF POPULATION (PER SQ. KMS)	138
DECADAL GROWTH RATE (1981 - 91)	+19.47
% OF ST POPULATION	28.91
%OF SC POPULATION	16.98
% OF URBAN POPULATION	6.90
% OF CULTIVATORS	42.72
% OF AGRICULTURAL LABOUR	41.08
% LITERACY RATE	25.99
DO, FEMALE	39.22
DO, MALE	12.74

MEDICAL INSTITUTIONS

HOSPITALS	2
P H C'S	8
UGPHC'S	4
CHC'S	2
APHC/APHC(N)/PHC(N)	21
DISPENSARIES	1
S H C'S	5
M A C/M H U	1
SUB-CENTRES	213
NUMBER OF BEDS	483
NGO'S	21

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	155306
+VE	13895
ABER	14.71
SPR	8.94
API	13.96
Pf%	74.13

LEPROSY 1994

PREVALENCE RATE	2.54
ACTIVE CASES REGISTERED	30.53
CHILD CASES (0-14 YEARS)	148
DO, %AGE AMONG NEW CASES	22.70
DEFORMITY CASES	8
DO, %AGE AMONG NEW CASES	1.20

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	15.77
CC USERS	61.59
IUD	61.49
ORAL PILL USERS	54.37

IMMUNIZATION

DPT	71.14
BCG	72.37
POLIO	71.14
MEASLES	41.50
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	32.57
DO (1 - 2 YEARS)	31.61
DT (5 YEARS	19.84
TT (10 YEARS)	19.01
TT (16 YEARS)	18.29
TT (PW)	54.63

EMERGING PROBLEMS

MALNUTRITION

SICKLE CELL DISEASE

LEPROSY

KALAHANDI DISTRICT

5 10 5 10
(SCALE IN MILES)

20°-15'

20°

19°-45'

19°-30'

19°-15'

BALANGIR

NAWA PARA

RAIPUR (M.P.)

PHULBANI

KARLAMUNDA

KESINGA

M. RAMPUR

NARLA

GOLMUNDA

BHAWANI - -PATNA

DHARAMGARH

JUNAGARH

LANJIGARH

KOKSARA

KALAMPUR

THUAMUL – RAMPUR

JEYPATNA

NAWARANGPUR

RAYAGADA

KORAPUT

82°-15'

82°-30'

KENDRAPARA DISTRICT

5 0 5 10
(SCALE IN MILES)

BHADRAK

JAJPUR

RAJKANIKA

AUL

RAJNAGAR

PATTAMUNDAI

DERABIS

KENDRAPARA

CUTTACK

MARSAGHAI

MAHAKALPADA

PATKURA

JAGATSINGPUR

BAY OF BENGAL

20°-45'

20°-30'

20°-15'

86°

86°-15'

86°-30'

86°-45'

DISTRICT PROFILE

XVI. KENDRAPARA

GENERAL PARTICULARS

AREA(SQ.KM.)	2562
% TO TOTAL STATE AREA	1.64
SUB-DIVISIONS	1
TEHSILS	6
BLOCKS	9
GRAM PANCHAYATS	205
TOWNS	2
VILLAGES	1532
% OF FOREST AREA	9.60
% OF NET AREA SOWN TO TOTAL AREA	67.24

DEMOGRAPHIC/SOCIO- ECONOMIC PARTICULARS

POPULATION (IN 1000)	1149501
DO, FEMALE	576798
DO, MALE	572703
DO, RURAL	1086266
DO, URBAN	63235
SEX-RATIO (FEMALES/1000MALES)	1007
DENSITY OF POPULATION (PER SQ. KMS)	451
DECADAL GROWTH RATE (1981 - 91)	+17.15
% OF ST POPULATION	0.40
%OF SC POPULATION	19.82
% OF URBAN POPULATION	5.56
% OF CULTIVATORS	55.91
% OF AGRICULTURAL LABOUR	20.43
% LITERACY RATE	53.13
DO, FEMALE	42.63
DO, MALE	42.93

MEDICAL INSTITUTIONS

HOSPITALS	1
P H C'S	6
UGPHC'S	3
CHC'S	2
APHC/APHC(N)/PHC(N)	29
DISPENSARIES	4
S H C'S	3
M A C/M H U	1
SUB-CENTRES	209
NUMBER OF BEDS	248
NGO'S	37

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	49148
+VE	210
ABER	4.28
SPR	0.42
API	1.83
Pf%	16.19

LEPROSY 1994

PREVALENCE RATE	0.91
ACTIVE CASES REGISTERED	1119
CHILD CASES (0-14 YEARS)	429
DO, %AGE AMONG NEW CASES	30.50
DEFORMITY CASES	44
DO, %AGE AMONG NEW CASES	3.5

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	2.50
CC USERS	7.71
IUD	50
ORAL PILL USERS	58.21

IMMUNIZATION

DPT	67.59
BCG	87.92
POLIO	67.33
MEASLES	67.36
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	39.78
DO (1 - 2 YEARS)	31.30
DT (5 YEARS	61.64
TT (10 YEARS)	27.01
TT (16 YEARS)	11.70
TT (PW)	50.83

EMERGING PROBLEMS

DIARRHOEAL DISEASE

SKIN DISEASE

DISTRICT PROFILE

XVII. KEONJHAR

GENERAL PARTICULARS

AREA(SQ.KM.)	8303
% TO TOTAL STATE AREA	5.33
SUB-DIVISIONS	3
TEHSILS	7
BLOCKS	13
GRAM PANCHAYATS	244
TOWNS	7
VILLAGES	2127
% OF FOREST AREA	30
% OF NET AREA SOWN TO TOTAL AREA	35.98

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1337026
DO, FEMALE	659546
DO, MALE	677480
DO, RURAL	1170152
DO, URBAN	166874
SEX-RATIO (FEMALES/1000MALES)	979
DENSITY OF POPULATION (PER SQ. KMS)	161
DECADAL GROWTH RATE (1981 - 91)	+19.95
% OF ST POPULATION	44.51
%OF SC POPULATION	11.51
% OF URBAN POPULATION	12.49
% OF CULTIVATORS	15.70
% OF AGRICULTURAL LABOUR	24.54
% LITERACY RATE	36.72
DO, FEMALE	24.54
DO, MALE	48.59

MEDICAL INSTITUTIONS

HOSPITALS	11
P H C'S	7
UGPHC'S	1
CHC'S	7
APHC/APHC(N)/PHC(N)	36
DISPENSARIES	4
S H C'S	10
M A C/M H U	5
SUB-CENTRES	316
NUMBER OF BEDS	502
NGO'S	35

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	322675
+VE	53977
ABER	24.17
SPR	16.12
API	6.71
Pf%	64.26

LEPROSY 1994

PREVALENCE RATE	1.79
ACTIVE CASES REGISTERED	2537
CHILD CASES (0-14 YEARS)	40
DO, %AGE AMONG NEW CASES	8.30
DEFORMITY CASES	38
DO, %AGE AMONG NEW CASES	5.20

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	9.47
CC USERS	52.65
IUD	53.15
ORAL PILL USERS	63.25

IMMUNIZATION

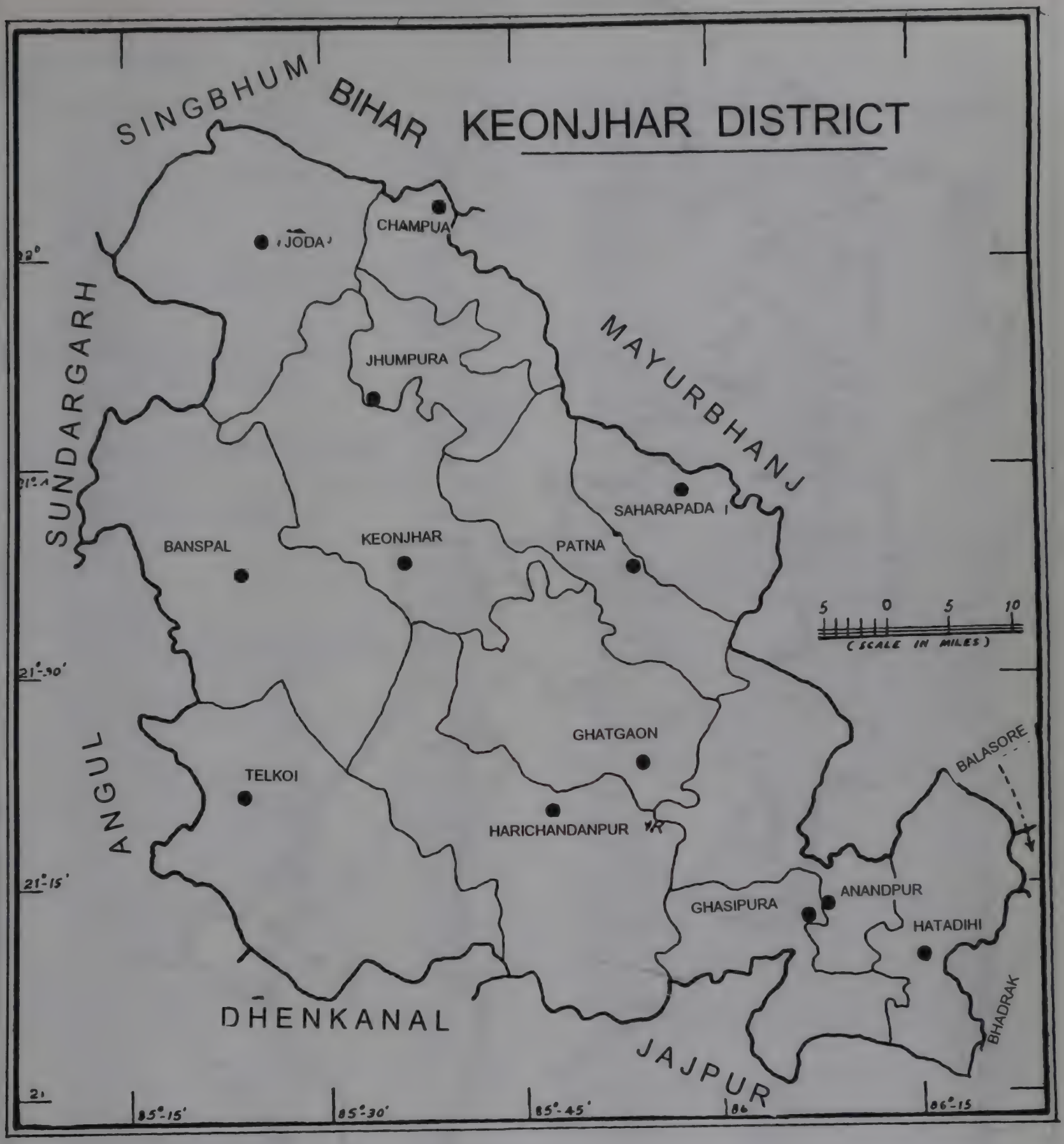
DPT	52.63
BCG	68.10
POLIO	61.81
MEASLES	120.59
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	98.20
DO (1 - 2 YEARS)	28.81
DT (5 YEARS	14.12
TT (10 YEARS)	12.04
TT (16 YEARS)	10.47
TT (PW)	49.90

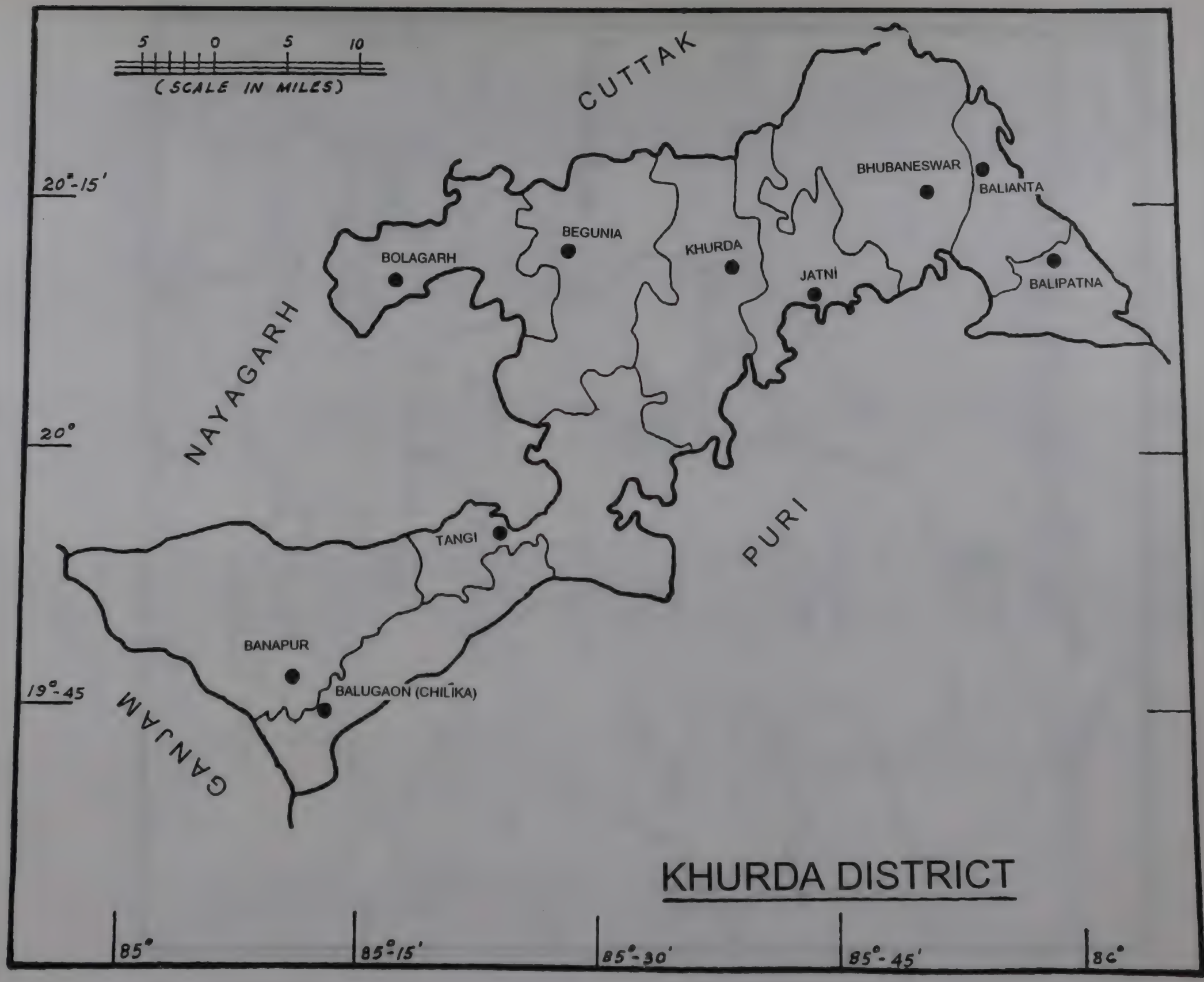
EMERGING PROBLEMS

MALARIA - FALCIPARUM

SICKLE CELL DISEASE

G-6-PD DEFICIENCY


KEONJHAR DISTRICT
SINGBHUM
BIHAR
SUNDARGARH
MAYURBHANJ
ANGUL
DHENKANAL
JAJPUR
BALASORE
BHADRAK
JODA
CHAMPUA
JHUMPURA
SAHARAPADA
BANSPAL
KEONJHAR
PATNA
GHATGAON
TELKOI
HARICHANDANPUR
GHASIPURA
ANANDPUR
HATADIHI
5 0 5 10
(SCALE IN MILES)
22°
21°-30'
21°-15'
21
85°-15'
85°-30'
85°-45'
86
86°-15


5 0 5 10
(SCALE IN MILES)
CUTTAK
20°-15'
20°
19°-45
BHUBANESWAR
BALIANTA
BEGUNIA
BOLAGARH
KHURDA
JATNI
BALIPATNA
NAYAGARH
TANGI
PURI
BANAPUR
BALUGAON (CHILIKA)
GANJAM
KHURDA DISTRICT
85°
85°-15'
85°-30'
85°-45'
86°

DISTRICT PROFILE

XVIII. KHURDA

GENERAL PARTICULARS

AREA(SQ.KM.)	2887
% TO TOTAL STATE AREA	1.85
SUB-DIVISIONS	2
TEHSILS	3
BLOCKS	10
GRAM PANCHAYATS	153
TOWNS	5
VILLAGES	1567
% OF FOREST AREA	-
% OF NET AREA SOWN TO TOTAL AREA	43.95

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1502014
DO, FEMALE	712680
DO, MALE	789334
DO, RURAL	985733
DO, URBAN	516281
SEX-RATIO (FEMALES/1000MALES)	903
DENSITY OF POPULATION (PER SQ. KMS)	765
DECADAL GROWTH RATE (1981 - 91)	+32.39
% OF ST POPULATION	5.13
%OF SC POPULATION	13.65
% OF URBAN POPULATION	34.35
% OF CULTIVATORS	25.92
% OF AGRICULTURAL LABOUR	19.04
% LITERACY RATE	57.32
DO, FEMALE	46.70
DO, MALE	66.92

MEDICAL INSTITUTIONS

HOSPITALS	10
P H C'S	8
UGPHC'S	2
CHC'S	-
APHC/APHC(N)/PHC(N)	20
DISPENSARIES	8
S H C'S	6
M A C/M H U	1
SUB-CENTRES	186
NUMBER OF BEDS	531
NGO'S	186

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	67999
+VE	1800
ABER	4.53
SPR	2.64
API	1.20
Pf%	27.83

LEPROSY 1994

PREVALENCE RATE	1.58
ACTIVE CASES REGISTERED	2526
CHILD CASES (0-14 YEARS)	671
DO, %AGE AMONG NEW CASES	35.50
DEFORMITY CASES	32
DO, %AGE AMONG NEW CASES	1.60

FW PERFORMANCE (%AGE ACmHIEVED TO PROPOSED TARGET)

STERILISATION	16.80
CC USERS	18.95
IUD	49.90
ORAL PILL USERS	64.03

IMMUNIZATION

DPT	51.34
BCG	43.83
POLIO	51.34
MEASLES	-
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	43.13
DO (1 - 2 YEARS)	24.09
DT (5 YEARS	37.92
TT (10 YEARS)	10.04
TT (16 YEARS)	14.88
TT (PW)	40.72

EMERGING PROBLEMS

DIARRHOEAL DISEASE

FLUOROSIS

DISTRICT PROFILE

XIX. KORAPUT

GENERAL PARTICULARS

AREA(SQ.KM.)	8,379.30
% TO TOTAL STATE AREA	5.38
SUB-DIVISIONS	2
TEHSILS	6
BLOCKS	14
GRAM PANCHAYATS	197
TOWNS	5
VILLAGES	1997
% OF FOREST AREA	21.80
% OF NET AREA SOWN TO TOTAL AREA	38.26

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1029986
DO, FEMALE	512712
DO, MALE	517274
DO, RURAL	858281
DO, URBAN	171705
SEX-RATIO (FEMALES/1000MALES)	991
DENSITY OF POPULATION (PER SQ. KMS)	123
DECADAL GROWTH RATE (1981 - 91)	+19.89
% OF ST POPULATION	50.53
%OF SC POPULATION	13.39
% OF URBAN POPULATION	16.72
% OF CULTIVATORS	48.22
% OF AGRICULTURAL LABOUR	31.20
% LITERACY RATE	20.19
DO, FEMALE	12.47
DO, MALE	27.85

MEDICAL INSTITUTIONS

HOSPITALS	4
P H C'S	10
UGPHC'S	1
CHC'S	3
APHC/APHC(N)/PHC(N)	26
DISPENSARIES	5
S H C'S	8
M A C/M H U	1
SUB-CENTRES	253
NUMBER OF BEDS	351
NGO'S	18

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	136552
+VE	19525
ABER	14.44
SPR	11.66
API	16.34
Pf%	94.08

LEPROSY 1994

PREVALENCE RATE	2.29
ACTIVE CASES REGISTERED	2502
CHILD CASES (0-14 YEARS)	199
DO, %AGE AMONG NEW CASES	13.50
DEFORMITY CASES	102
DO, %AGE AMONG NEW CASES	3.50

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

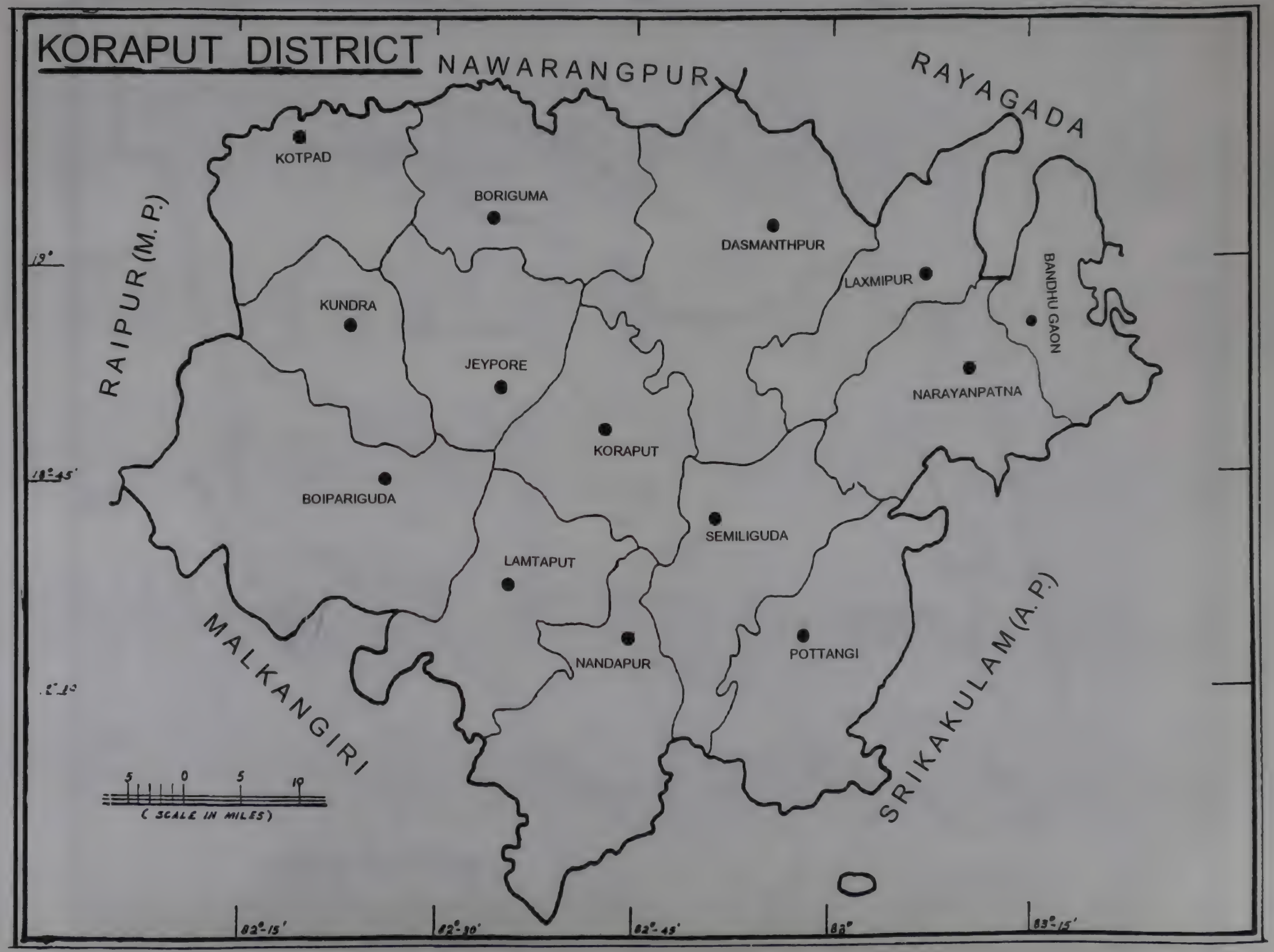
STERILISATION	53.77
CC USERS	51.23
IUD	75.55
ORAL PILL USERS	53.36
IMMUNIZATION	
DPT	65.76
BCG	71.43
POLIO	66.36
MEASLES	78.92
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	83.16
DO (1 - 2 YEARS)	28.81
DT (5 YEARS	17.45
TT (10 YEARS)	23.26
TT (16 YEARS)	20.83
TT (PW)	64.10

EMERGING PROBLEMS

MALARIA

SICKLE CELL ANAEMIA

MENINGOCOCCAL MENINGITIS


KORAPUT DISTRICT
NAWARANGPUR
RAYAGADA
KOTPAD
BORIGUMA
DASMANTHPUR
LAXMIPUR
BANDHU GAON
RAIPUR (M.P.)
19°
KUNDRA
JEYPORE
NARAYANPATNA
KORAPUT
18°-45'
BOIPARIGUDA
SEMILIGUDA
LAMTAPUT
NANDAPUR
POTTANGI
MALKANGIRI
SRIKAKULAM (A.P.)
18°
5 0 5 10
(SCALE IN MILES)
82°-15'
82°-30'
82°-45'
83°
83°-15'

MALKANGIRI DISTRICT

5 0 5 10
(SCALE IN MILES)

KORAPUT

MATHILI

KHAIRPUT

KUDMULGUMMA

VISAKHAPATNAM (A.P.)

BASTAR (M.P.)

MALKANGIRI

KORUKONDA

PODIA

KALIMELA

EASTGODAVARI (A.P.)

KHAMAM (A.P.)

18°-30'

18°-15'

18°

81°-30'

81°-48'

82°

82°-15'

82°-30'

DISTRICT PROFILE

XX. MALKANGIRI

GENERAL PARTICULARS

AREA(SQ.KM.)	6,115.30
% TO TOTAL STATE AREA	3.92
SUB-DIVISIONS	1
TEHSILS	3
BLOCKS	7
GRAM PANCHAYATS	77
TOWNS	3
VILLAGES	928
% OF FOREST AREA	26.64
% OF NET AREA SOWN TO TOTAL AREA	30.52

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	421917
DO, FEMALE	209341
DO, MALE	212576
DO, RURAL	387489
DO, URBAN	34428
SEX-RATIO (FEMALES/1000MALES)	985
DENSITY OF POPULATION (PER SQ. KMS)	69
DECADAL GROWTH RATE (1981 - 91)	+25.88
% OF ST POPULATION	57.65
%OF SC POPULATION	19.90
% OF URBAN POPULATION	8.05
% OF CULTIVATORS	74.68
% OF AGRICULTURAL LABOUR	15.82
% LITERACY RATE	16.11
DO, FEMALE	9.56
DO, MALE	22.53

MEDICAL INSTITUTIONS

HOSPITALS	4
P H C'S	5
UGPHC'S	2
CHC'S	1
APHC/APHC(N)/PHC(N)	6
DISPENSARIES	3
S H C'S	3
M A C/M H U	-
SUB-CENTRES	135
NUMBER OF BEDS	236
NGO'S	6

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	5388
+VE	6781
ABER	11.91
SPR	12.58
API	14.99
Pf%	95.42

LEPROSY 1994

PREVALENCE RATE	1.79
ACTIVE CASES REGISTERED	809
CHILD CASES (0-14 YEARS)	115
DO, %AGE AMONG NEW CASES	14.70
DEFORMITY CASES	85
DO, %AGE AMONG NEW CASES	4.10

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	1.64
CC USERS	51.53
IUD	104.76
ORAL PILL USERS	35.42

IMMUNIZATION

DPT	75.52
BCG	78.42
POLIO	75.42
MEASLES	57.78
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	57.68
DO (1 - 2 YEARS)	45.67
DT (5 YEARS	30.82
TT (10 YEARS)	26.23
TT (16 YEARS)	20.60
TT (PW)	58.67

EMERGING PROBLEMS

MALARIA - FALCIPARUM

MALNUTRITION

SICKLE CELL ANAEMIA

DISTRICT PROFILE

XXI. MAYURBHANJ

GENERAL PARTICULARS

AREA(SQ.KM.)	10418
% TO TOTAL STATE AREA	6.69
SUB-DIVISIONS	4
TEHSILS	7
BLOCKS	26
GRAM PANCHAYATS	316
TOWNS	4
VILLAGES	3945
% OF FOREST AREA	44.86
% OF NET AREA SOWN TO TOTAL AREA	49.46

DISEASE PROFILE & FW/IMM PERFORMANCE

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1884580
DO, FEMALE	932390
DO, MALE	952183
DO, RURAL	1768331
DO, URBAN	116249
SEX-RATIO (FEMALES/1000MALES)	979
DENSITY OF POPULATION (PER SQ. KMS)	181
DECADAL GROWTH RATE (1981 - 91)	+19.14
% OF ST POPULATION	57.87
%OF SC POPULATION	7.00
% OF URBAN POPULATION	6.15
% OF CULTIVATORS	48.50
% OF AGRICULTURAL LABOUR	31.86
% LITERACY RATE	30.73
DO, FEMALE	19.20
DO, MALE	42.01

MEDICAL INSTITUTIONS

HOSPITALS	11
P H C'S	17
UGPHC'S	1
CHC'S	12
APHC/APHC(N)/PHC(N)	44
DISPENSARIES	5
S H C'S	15
M A C/M H U	4
SUB-CENTRES	521
NUMBER OF BEDS	755
NGO'S	32

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	291452
+VE	12775
ABER	15.57
SPR	11.24
API	17.50
Pf%	87.09

LEPROSY 1994

PREVALENCE RATE	2.12
ACTIVE CASES REGISTERED	4236
CHILD CASES (0-14 YEARS)	867
DO, %AGE AMONG NEW CASES	19.30
DEFORMITY CASES	60
DO, %AGE AMONG NEW CASES	1.30

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	11.39
CC USERS	62.05
IUD	30.26
ORAL PILL USERS	53.48

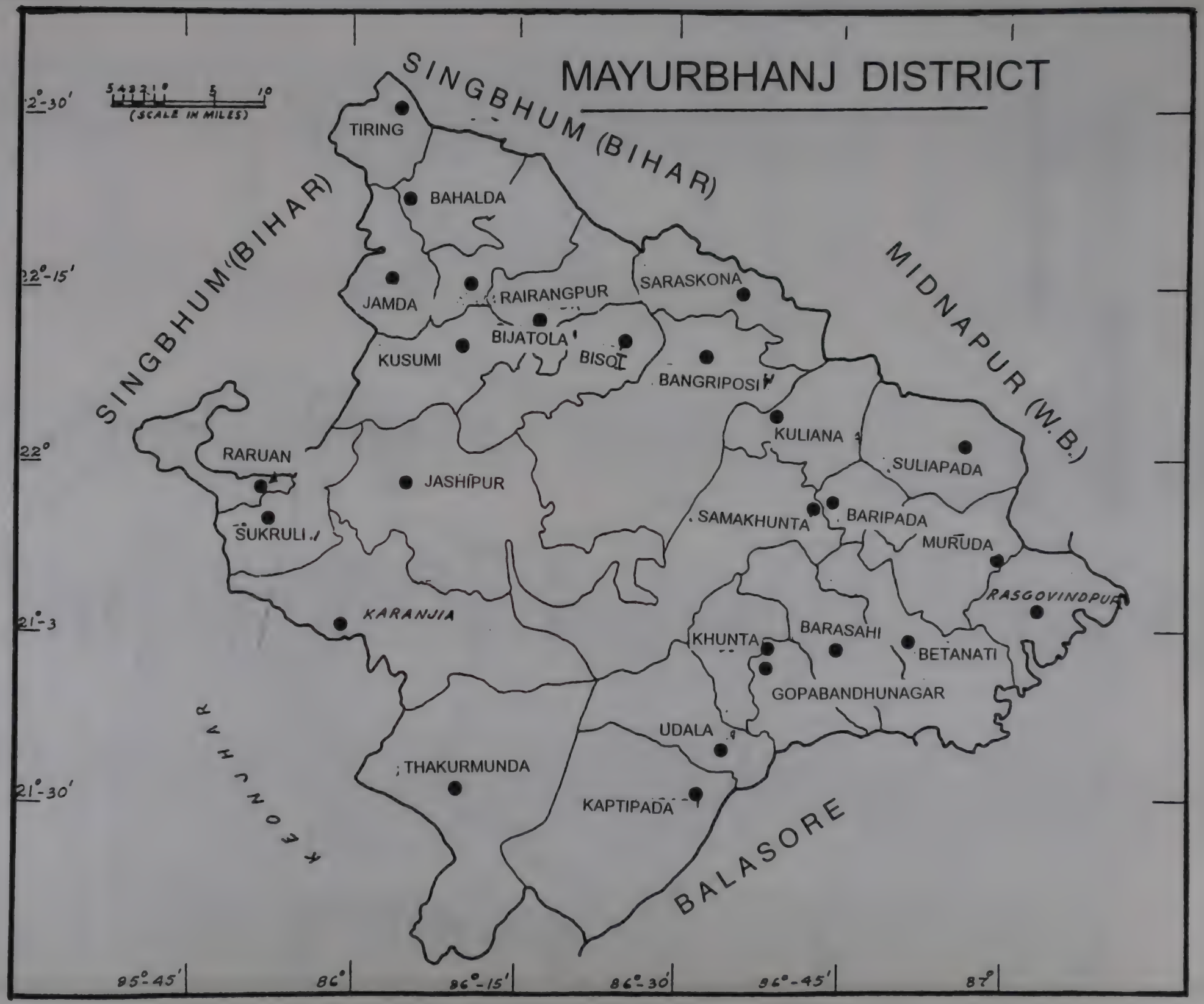
IMMUNIZATION

DPT	50.01
BCG	66.30
POLIO	54.01
MEASLES	32.52
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	25.22
DO (1 - 2 YEARS)	28.71
DT (5 YEARS	6.79
TT (10 YEARS)	18.19
TT (16 YEARS)	11.15
TT (PW)	56.96

EMERGING PROBLEMS

MALARIA

ENCEPHALITIS


MAYURBHANJ DISTRICT
(SCALE IN MILES)
SINGBHUM (BIHAR)
SINGBHUM (BIHAR)
MIDNAPUR (W.B.)
BALASORE
KONJHAR
TIRING
BAHALDA
JAMDA
RAIRANGPUR
SARASKONA
BIJATOLA
KUSUMI
BISOI
BANGRIPOSI
KULIANA
SULIAPADA
RARUAN
JASHIPUR
SUKRULI
SAMAKHUNTA
BARIPADA
MURUDA
RASGOVINDPUR
KARANJIA
KHUNTA
BARASAHI
BETANATI
GOPABANDHUNAGAR
UDALA
THAKURMUNDA
KAPTIPADA
22°-30'
22°-15'
22°
21°-30'
86°-45'
86°
86°-15'
86°-30'
86°-45'
87°

NAWAPARA DISTRICT

5 0 5 10
(SCALE IN MILES)

21°

20°-45'

20°-30'

20°-15

20°

82-30

82°-45'

85°

BARGARH

BOLANGIR

KALAHANDI

RAIPUR (M.P.)

NAWAPARA

KOMNA

BODEN

KHARIAR

SINAPALI

DISTRICT PROFILE

XXII. NAWAPARA

GENERAL PARTICULARS

AREA(SQ.KM.)	3407
% TO TOTAL STATE AREA	2.19
SUB-DIVISIONS	1
TEHSILS	2
BLOCKS	5
GRAM PANCHAYATS	93
TOWNS	2
VILLAGES	659
% OF FOREST AREA	37.97
% OF NET AREA SOWN TO TOTAL AREA	50.23

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	469482
DO, FEMALE	235020
DO, MALE	234462
DO, RURAL	443717
DO, URBAN	25765
SEX-RATIO (FEMALES/1000MALES)	1002
DENSITY OF POPULATION (PER SQ. KMS)	138
DECADAL GROWTH RATE (1981 - 91)	+19.58
% OF ST POPULATION	36.03
%OF SC POPULATION	13.22
% OF URBAN POPULATION	5.54
% OF CULTIVATORS	55.49
% OF AGRICULTURAL LABOUR	30.63
% LITERACY RATE	22.81
DO, FEMALE	10.64
DO, MALE	35.04

MEDICAL INSTITUTIONS

HOSPITALS	2
P H C'S	2
UGPHC'S	1
CHC'S	3
APHC/APHC(N)/PHC(N)	9
DISPENSARIES	2
S H C'S	1
M A C/M H U	-
SUB-CENTRES	85
NUMBER OF BEDS	156
NGO'S	7

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	49297
+VE	7701
ABER	10.88
SPR	15.62
API	16.99
Pf%	68.15

LEPROSY 1994

PREVALENCE RATE	2.54
ACTIVE CASES REGISTERED	-
CHILD CASES (0-14 YEARS)	148
DO, %AGE AMONG NEW CASES	27.70
DEFORMITY CASES	8
DO, %AGE AMONG NEW CASES	1.20

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	22.46
CC USERS	66.10
IUD	53.15
ORAL PILL USERS	54.37

IMMUNIZATION

DPT	76.23
BCG	53.12
POLIO	74.18
MEASLES	58.41
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	58.71
DO (1 - 2 YEARS)	84.83
DT (5 YEARS	-
TT (10 YEARS)	29.27
TT (16 YEARS)	17.92
TT (PW)	60.73

EMERGING PROBLEMS

CHRONICALLY DROUGHT PRONE AREA

HIGH PREVALENCE OF MODERATE/SEVERE MALNUTRITION

SICKLE CELL ANAEMIA

LEPROSY

DISTRICT PROFILE

XXIII. NAYAGARH

GENERAL PARTICULARS

AREA(SQ.KM.)	3,954.90
% TO TOTAL STATE AREA	2.54
SUB-DIVISIONS	1
TEHSILS	4
BLOCKS	8
GRAM PANCHAYATS	143
TOWNS	3
VILLAGES	1694
% OF FOREST AREA	45.37
% OF NET AREA SOWN TO TOTAL AREA	47.00

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	782747
DO, FEMALE	382946
DO, MALE	399701
DO, RURAL	756403
DO, URBAN	26244
SEX-RATIO (FEMALES/1000MALES)	958
DENSITY OF POPULATION (PER SQ. KMS)	160
DECADAL GROWTH RATE (1981 - 91)	+14.52
% OF ST POPULATION	5.81
%OF SC POPULATION	13.79
% OF URBAN POPULATION	3.35
% OF CULTIVATORS	48.94
% OF AGRICULTURAL LABOUR	27.80
% LITERACY RATE	48.41
DO, FEMALE	34.46
DO, MALE	61.75

EDICAL INSTITUTIONS

HOSPITALS	5
P H C'S	3
UGPHC'S	3
CHC'S	-
APHC/APHC(N)/PHC(N)	10
DISPENSARIES	8
S H C'S	6
M A C/M H U	1
SUB-CENTRES	150
NUMBER OF BEDS	499
NGO'S	48

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	76986
+VE	5213
ABER	9.91
SPR	6.77
API	1.20
Pf%	27.83

LEPROSY 1994

PREVALENCE RATE	1.02
ACTIVE CASES REGISTERED	848
CHILD CASES (0-14 YEARS)	157
DO, %AGE AMONG NEW CASES	20.50
DEFORMITY CASES	9
DO, %AGE AMONG NEW CASES	1.10

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	6.56
CC USERS	54.47
IUD	60.82
ORAL PILL USERS	64.04

IMMUNIZATION

DPT	51.70
BCG	30.48
POLIO	51.70
MEASLES	32.10
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	39.08
DO (1 - 2 YEARS)	32.48
DT (5 YEARS	10.04
TT (10 YEARS)	9.56
TT (16 YEARS)	15.47
TT (PW)	52.91

EMERGING PROBLEMS

DIARRHOEAL DISEASE

NAYAGARH DISTRICT

ANGUL
PHULBANI
CUTTACK
GANIA
DASPALLA
BHAPUR
KHANDAPADA
NUAGAON
NAYAGARH
KHURDA
GANJAM
RANAPUR
ODAGAON
KHURDA

5 0 5 10
(SCALE IN MILES)

20°-30'
20°-15'
20°
84°-30'
84°-45'
85°
85°-15'

NAWRANGPUR DISTRICT

5 0 5 10
(SCALE IN MILES)

RAIPUR (M.P.)

RAIGHAR

CHANDAHANDI

JORIGAM

UMERKOTE

KALAHANDI

BASTAR (M.P.)

DABUGAON

PAPDAHANDI

KORAPUT

TENTULIKHUNTI

KOSAGUMUDA

NOWRANGPUR

NANDAHANDI

KORAPUT

20°

19°-45'

19°-30'

19°-15'

82°

82°-15'

82°-30'

82°-45'

DISTRICT PROFILE

XXIV. NAWRANGPUR

GENERAL PARTICULARS

AREA(SQ.KM.)	5290
% TO TOTAL STATE AREA	3.39
SUB-DIVISIONS	1
TEHSILS	4
BLOCKS	10
GRAM PANCHAYATS	148
TOWNS	2
VILLAGES	897
% OF FOREST AREA	29.90
% OF NET AREA SOWN TO TOTAL AREA	51.55

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	846659
DO, FEMALE	420900
DO, MALE	725759
DO, RURAL	804542
DO, URBAN	42217
SEX-RATIO (FEMALES/1000MALES)	989
DENSITY OF POPULATION (PER SQ. KMS)	160
DECADAL GROWTH RATE (1981 - 91)	+24.33
% OF ST POPULATION	55.26
%OF SC POPULATION	15.11
% OF URBAN POPULATION	4.95
% OF CULTIVATORS	52.13
% OF AGRICULTURAL LABOUR	35.67
% LITERACY RATE	14.87
DO, FEMALE	7.02
DO, MALE	22.53

MEDICAL INSTITUTIONS

HOSPITALS	4
P H C'S	7
UGPHC'S	-
CHC'S	2
APHC/APHC(N)/PHC(N)	19
DISPENSARIES	3
S H C'S	5
M A C/M H U	-
SUB-CENTRES	222
NUMBER OF BEDS	243
NGO'S	7

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	93378
+VE	9575
ABER	11.52
SPR	10.24
API	11.8
Pf%	96.49

LEPROSY 1994

PREVALENCE RATE	2.15
ACTIVE CASES REGISTERED	1936
CHILD CASES (0-14 YEARS)	115
DO, %AGE AMONG NEW CASES	14.70
DEFORMITY CASES	85
DO, %AGE AMONG NEW CASES	4.1

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	21.46
CC USERS	39.36
IUD	42.32
ORAL PILL USERS	56.83

IMMUNIZATION

DPT	46.43
BCG	75.05
POLIO	48.34
MEASLES	55.27
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	63.33
DO (1 - 2 YEARS)	28.62
DT (5 YEARS	26.46
TT (10 YEARS)	22.86
TT (16 YEARS)	22.36
TT (PW)	45.16

EMERGING PROBLEMS

MALARIA

DIARRHOEAL DISEASE

SICKLE CELL ANAEMIA

DISTRICT PROFILE

XXV. PHULBANI (KONDHMAL)

GENERAL PARTICULARS

AREA(SQ.KM.)	4403
% TO TOTAL STATE AREA	2.82
SUB-DIVISIONS	2
TEHSILS	5
BLOCKS	12
GRAM PANCHAYATS	156
TOWNS	2
VILLAGES	2514
% OF FOREST AREA	50.72
% OF NET AREA SOWN TO TOTAL AREA	22.00

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	546281
DO, FEMALE	273047
DO, MALE	273234
DO, RURAL	510619
DO, URBAN	35562
SEX-RATIO (FEMALES/1000MALES)	999
DENSITY OF POPULATION (PER SQ. KMS)	124
DECADAL GROWTH RATE (1981 - 91)	+21.94
% OF ST POPULATION	51.50
%OF SC POPULATION	18.21
% OF URBAN POPULATION	6.50
% OF CULTIVATORS	47.59
% OF AGRICULTURAL LABOUR	34.14
% LITERACY RATE	30.18
DO, FEMALE	16.08
DO, MALE	44.27

MEDICAL INSTITUTIONS

HOSPITALS	8
P H C'S	8
UGPHC'S	4
CHC'S	
APHC/APHC(N)/PHC(N)	21
DISPENSARIES	6
S H C'S	4
M A C/M H U	1
SUB-CENTRES	151
NUMBER OF BEDS	370
NGO'S	55

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	132110
+VE	19767
ABER	19.22
SPR	14.98
API	28.80
Pf%	91.40

LEPROSY 1994

PREVALENCE RATE	1.39
ACTIVE CASES REGISTERED	810
CHILD CASES (0-14 YEARS)	42
DO, %AGE AMONG NEW CASES	13.80
DEFORMITY CASES	13
DO, %AGE AMONG NEW CASES	4.20

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	16.04
CC USERS	51.28
IUD	52.30
ORAL PILL USERS	51.30

IMMUNIZATION

DPT	83.01
BCG	50.08
POLIO	67.06
MEASLES	45.37
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	74.48
DO (1 - 2 YEARS)	57.42
DT (5 YEARS	61.89
TT (10 YEARS)	10.33
TT (16 YEARS)	11.70
TT (PW)	48.74

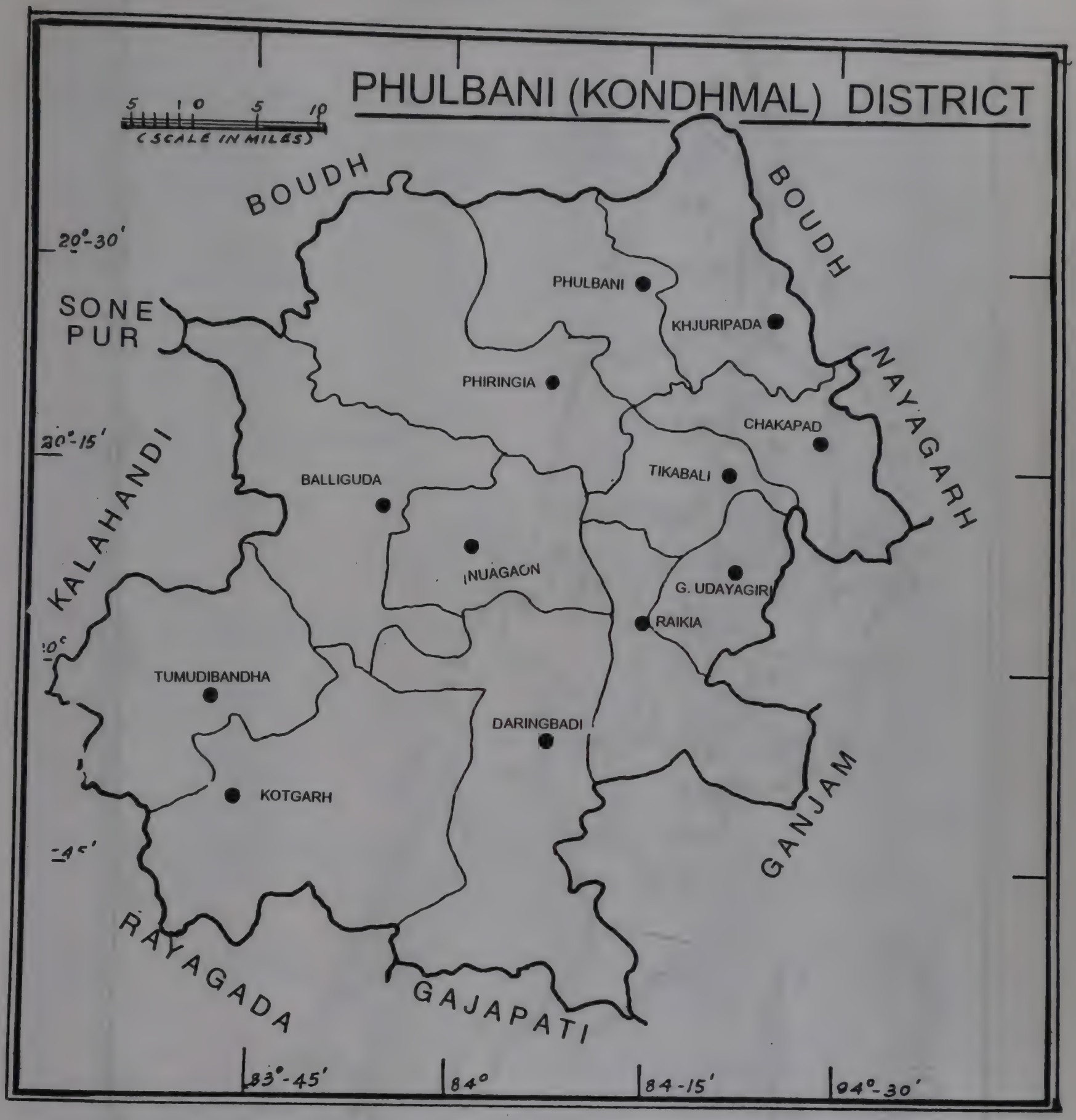
EMERGING PROBLEMS

SICKLE CELL ANAEMIA

G-6-PD DEFICIENCY

MALARIA - FALCIPARUM

PHULBANI (KONDHMAL) DISTRICT



PURI DISTRICT

5 0 5 10
(SCALE IN MILES)

20°

CUTTACK

JAGATSINGHPUR

PIPILI

NIMAPADA

DELANG

KAKATPUR

KANAS

SATYABADI

GOP

ASTARANG

KHURDA

CHALISBATIA

PURI

BRAMHAGIRI

19°-45'

CHILIKA LAKE

BAY OFBENGAL

KRUSHNAPRASAD

GANJAM

19°-30'

85°-15'

85°-30'

85°-45'

86°

86°-15'

DISTRICT PROFILE

XXVI. PURI

GENERAL PARTICULARS

AREA(SQ.KM.)	3054
% TO TOTAL STATE AREA	1.96
SUB-DIVISIONS	1
TEHSILS	5
BLOCKS	11
GRAM PANCHAYATS	204
TOWNS	4
VILLAGES	1714
% OF FOREST AREA	
% OF NET AREA SOWN TO TOTAL AREA	57.02

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1305365
DO, FEMALE	642601
DO, MALE	662764
DO, RURAL	1141886
DO, URBAN	163479
SEX-RATIO (FEMALES/1000MALES)	970
DENSITY OF POPULATION (PER SQ. KMS)	427
DECADAL GROWTH RATE (1981 - 91)	+18.33
% OF ST POPULATION	0.23
%OF SC POPULATION	18.54
% OF URBAN POPULATION	12.49
% OF CULTIVATORS	45.92
% OF AGRICULTURAL LABOUR	23.09
% LITERACY RATE	53.56
DO, FEMALE	41.84
DO, MALE	64.95

MEDICAL INSTITUTIONS

HOSPITALS	14
P H C'S	10
UGPHC'S	1
CHC'S	-
APHC/APHC(N)/PHC(N)	22
DISPENSARIES	4
S H C'S	5
M A C/M H U	1
SUB-CENTRES	221
NUMBER OF BEDS	645
NGO'S	73

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	54082
+VE	449
ABER	4.17
SPR	0.83
API	0.34
Pf%	4.23

LEPROSY 1994

PREVALENCE RATE	1.27
ACTIVE CASES REGISTERED	1758
CHILD CASES (0-14 YEARS)	411
DO, %AGE AMONG NEW CASES	26.60
DEFORMITY CASES	14
DO, %AGE AMONG NEW CASES	0.90

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	9.70
CC USERS	52.10
IUD	40.88
ORAL PILL USERS	66.08

IMMUNIZATION

DPT	57.48
BCG	47.00
POLIO	57.48
MEASLES	22.13
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	22.13
DO (1 - 2 YEARS)	14.37
DT (5 YEARS	5.00
TT (10 YEARS)	5.35
TT (16 YEARS)	4.02
TT (PW)	41.95

EMERGING PROBLEMS

DIARRHOEAL DISEASE

DISTRICT PROFILE

XXVII. RAYAGADA

GENERAL PARTICULARS

AREA(SQ.KM.)	7584
% TO TOTAL STATE AREA	4.87
SUB-DIVISIONS	2
TEHSILS	4
BLOCKS	11
GRAM PANCHAYATS	140
TOWNS	4
VILLAGES	2667
% OF FOREST AREA	52.83
% OF NET AREA SOWN TO TOTAL AREA	22.92

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	7,13,984
DO, FEMALE	3,59,073
DO, MALE	3,54,911
DO, RURAL	6,24,658
DO, URBAN	89,326
SEX-RATIO (FEMALES/1000MALES)	1,012
DENSITY OF POPULATION (PER SQ. KMS)	94
DECADAL GROWTH RATE (1981 - 91)	+17.29
% OF ST POPULATION	54.99
%OF SC POPULATION	14.28
% OF URBAN POPULATION	12.46
% OF CULTIVATORS	40.00
% OF AGRICULTURAL LABOUR	41.01
% LITERACY RATE	21.42
DO, FEMALE	12.81
DO, MALE	30.14

MEDICAL INSTITUTIONS

HOSPITALS	3
P H C'S	9
UGPHC'S	-
CHC'S	3
APHC/APHC(N)/PHC(N)	18
DISPENSARIES	7
S H C'S	4
M A C/M H U	-
SUB-CENTRES	200
NUMBER OF BEDS	220
NGO'S	19

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	103317
+VE	13216
ABER	14.81
SPR	12.79
API	18.95
Pf%	90.81

LEPROSY 1994

PREVALENCE RATE	1.96
ACTIVE CASES REGISTERED	1490
CHILD CASES (0-14 YEARS)	172
DO, %AGE AMONG NEW CASES	18.10
DEFORMITY CASES	71
DO, %AGE AMONG NEW CASES	3.20

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	53.14
CC USERS	50.85
IUD	51.16
ORAL PILL USERS	63.19

IMMUNIZATION

DPT	48.41
BCG	67.70
POLIO	57.48
MEASLES	58.96
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	60.26
DO (1 - 2 YEARS)	30.60
DT (5 YEARS	12.87
TT (10 YEARS)	19.68
TT (16 YEARS)	7.70
TT (PW)	60.13

EMERGING PROBLEMS

MALARIA - FALCIPARUM

GASTRO-ENTERITIS

RAYAGADA DISTRICT

20°

19°-45'

19°-30'

19°-15'

19°

83°

83°-15'

83°-30'

83°-45

PHULBANI

KALAHANDI

KORAPUT

SRIKAKULAM (ANDHRA)

GAJAPATI

5 0 5 10
(SCALE IN MILES)

MUNIGUDA

CHANDRAPUR

BISAMCUTTACK

K. SINGPUR

KASHIPUR

KOLNARA

PADMAPUR

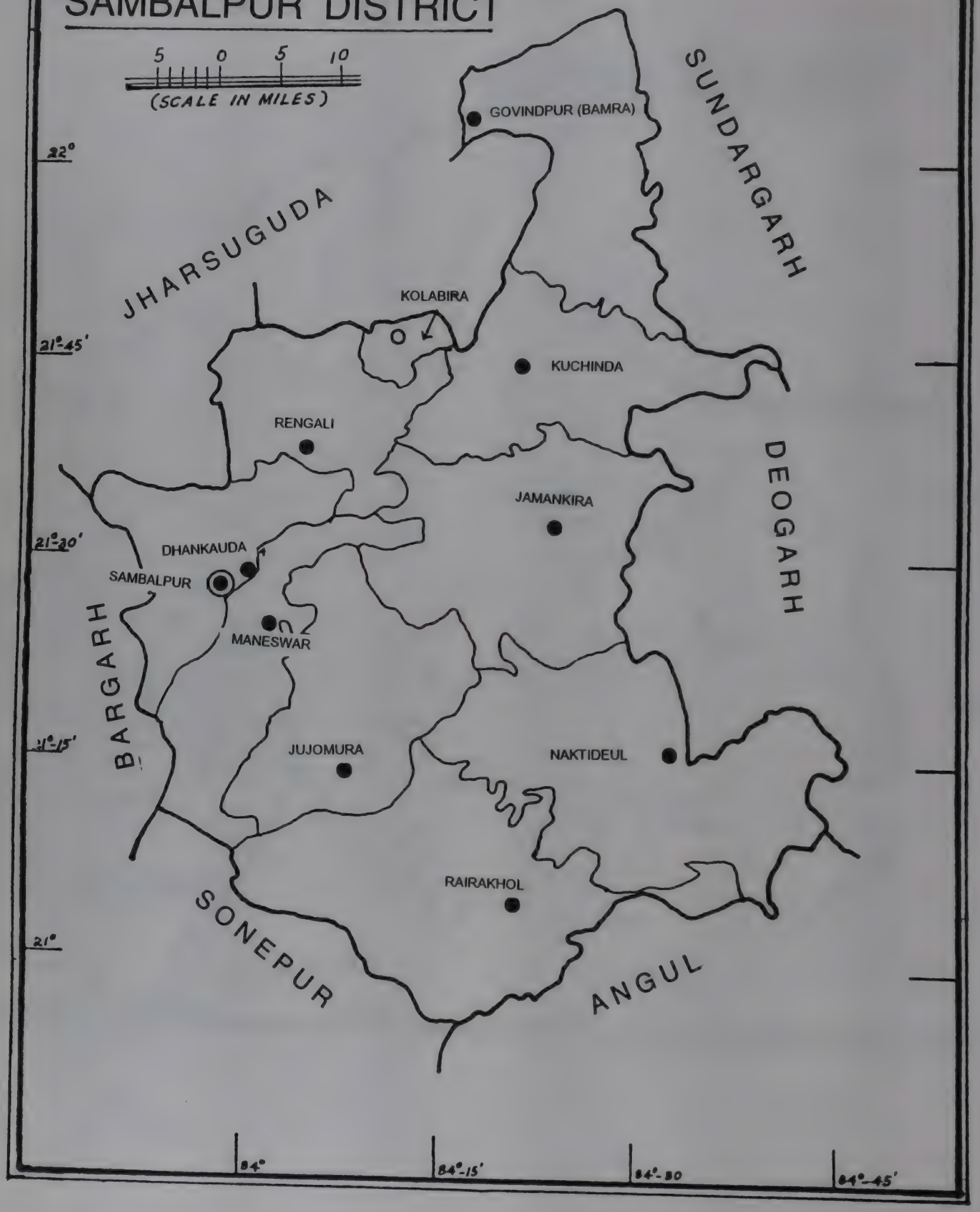
RAMNAGUDA

GUDARI

RAYAGADA

GUNUPUR

SAMBALPUR DISTRICT



DISTRICT PROFILE

XXVIII. SAMBALPUR

GENERAL PARTICULARS

AREA(SQ.KM.)	4328
% TO TOTAL STATE AREA	-
SUB-DIVISIONS	3
TEHSILS	4
BLOCKS	9
GRAM PANCHAYATS	-
TOWNS	1
VILLAGES	1548
% OF FOREST AREA	31.85
% OF NET AREA SOWN TO TOTAL AREA	34.26

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1012519
DO, FEMALE	521774
DO, MALE	491445
DO, RURAL	-
DO, URBAN	-
SEX-RATIO (FEMALES/1000MALES)	981
DENSITY OF POPULATION (PER SQ. KMS)	234
DECADAL GROWTH RATE (1981 - 91)	+19.36
% OF ST POPULATION	37.07
%OF SC POPULATION	17.01
% OF URBAN POPULATION	39.74
% OF CULTIVATORS	-
% OF AGRICULTURAL LABOUR	-
% LITERACY RATE	49.54
DO, FEMALE	34.16
DO, MALE	55.61

MEDICAL INSTITUTIONS

HOSPITALS	8
P H C'S	10
UGPHC'S	1
CHC'S	-
APHC/APHC(N)/PHC(N)	20
DISPENSARIES	3
S H C'S	4
M A C/M H U	1
SUB-CENTRES	142
NUMBER OF BEDS	1233
NGO'S	25

DISEASE PROFILE & FW/IMM. PERFORMANCE

MALARIA 1993

BSC/BSE	8499
+VE	9466
ABER	12.04
SPR	9.61
API	11.57
Pf%	78.95

LEPROSY 1994

PREVALENCE RATE	2.58
ACTIVE CASES REGISTERED	2221
CHILD CASES (0-14 YEARS)	348
DO, %AGE AMONG NEW CASES	20.50
DEFORMITY CASES	139
DO, %AGE AMONG NEW CASES	5.40

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	29.12
CC USERS	18.39
IUD	18.15
ORAL PILL USERS	50.00

IMMUNIZATION

DPT	71.93
BCG	73.49
POLIO	72.68
MEASLES	62.66
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	43.48
DO (1 - 2 YEARS)	35.94
DT (5 YEARS	16.40
TT (10 YEARS)	14.56
TT (16 YEARS)	25.17
TT (PW)	58.33

EMERGING PROBLEMS

SICKLE CELL ANAEMIA

GASTRO-ENTERITIS

DISTRICT PROFILE

XXIX. SONEPUR

GENERAL PARTICULARS

AREA(SQ.KM.)	2284
% TO TOTAL STATE AREA	1.46
SUB-DIVISIONS	2
TEHSILS	4
BLOCKS	6
GRAM PANCHAYATS	80
TOWNS	3
VILLAGES	959
% OF FOREST AREA	19.97
% OF NET AREA SOWN TO TOTAL AREA	57.55

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	476815
DO, FEMALE	235830
DO, MALE	240985
DO, RURAL	441985
DO, URBAN	34830
SEX-RATIO (FEMALES/1000MALES)	979
DENSITY OF POPULATION (PER SQ. KMS)	209
DECADAL GROWTH RATE (1981 - 91)	+19.99
% OF ST POPULATION	9.50
%OF SC POPULATION	22.01
% OF URBAN POPULATION	7.33
% OF CULTIVATORS	47.97
% OF AGRICULTURAL LABOUR	34.10
% LITERACY RATE	35.42
DO, FEMALE	19.49
DO, MALE	51.03

MEDICAL INSTITUTIONS

HOSPITALS	1
P H C'S	4
UGPHC'S	1
CHC'S	-
APHC/APHC(N)/PHC(N)	10
DISPENSARIES	3
S H C'S	2
M A C/M H U	1
SUB-CENTRES	76
NUMBER OF BEDS	168
NGO'S	3

DISEASE PROFILE & FW/IMM. PERFORMANCE

MALARIA 1993

BSC/BSE	43885
+VE	5063
ABER	9.21
SPR	11.53
API	10.62
Pf%	44.47

LEPROSY 1994

PREVALENCE RATE	5.28
ACTIVE CASES REGISTERED	2670
CHILD CASES (0-14 YEARS)	500
DO, %AGE AMONG NEW CASES	23.20
DEFORMITY CASES	168
DO, %AGE AMONG NEW CASES	3.30

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	6.63
CC USERS	66.90
IUD	45.35
ORAL PILL USERS	68.46

IMMUNIZATION

DPT	71.66
BCG	60.26
POLIO	71.94
MEASLES	51.61
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	71.57
DO (1 - 2 YEARS)	27.53
DT (5 YEARS	32.09
TT (10 YEARS)	15.12
TT (16 YEARS)	20.62
TT (PW)	44.60

EMERGING PROBLEMS

LEPROSY

SICKLE CELL ANAEMIA

MALNUTRITION

MALARIA

SONEPUR DISTRICT

5 0 5 10
(SCALE IN MILES)

BARGARH

SAMBALPUR

DUNGRIPALI

BINKA

ULUNDA

BIRMAHARAJPUR

SONEPUR

TARBHA

BALANGIR

PHULBANI

21°

20°-45'

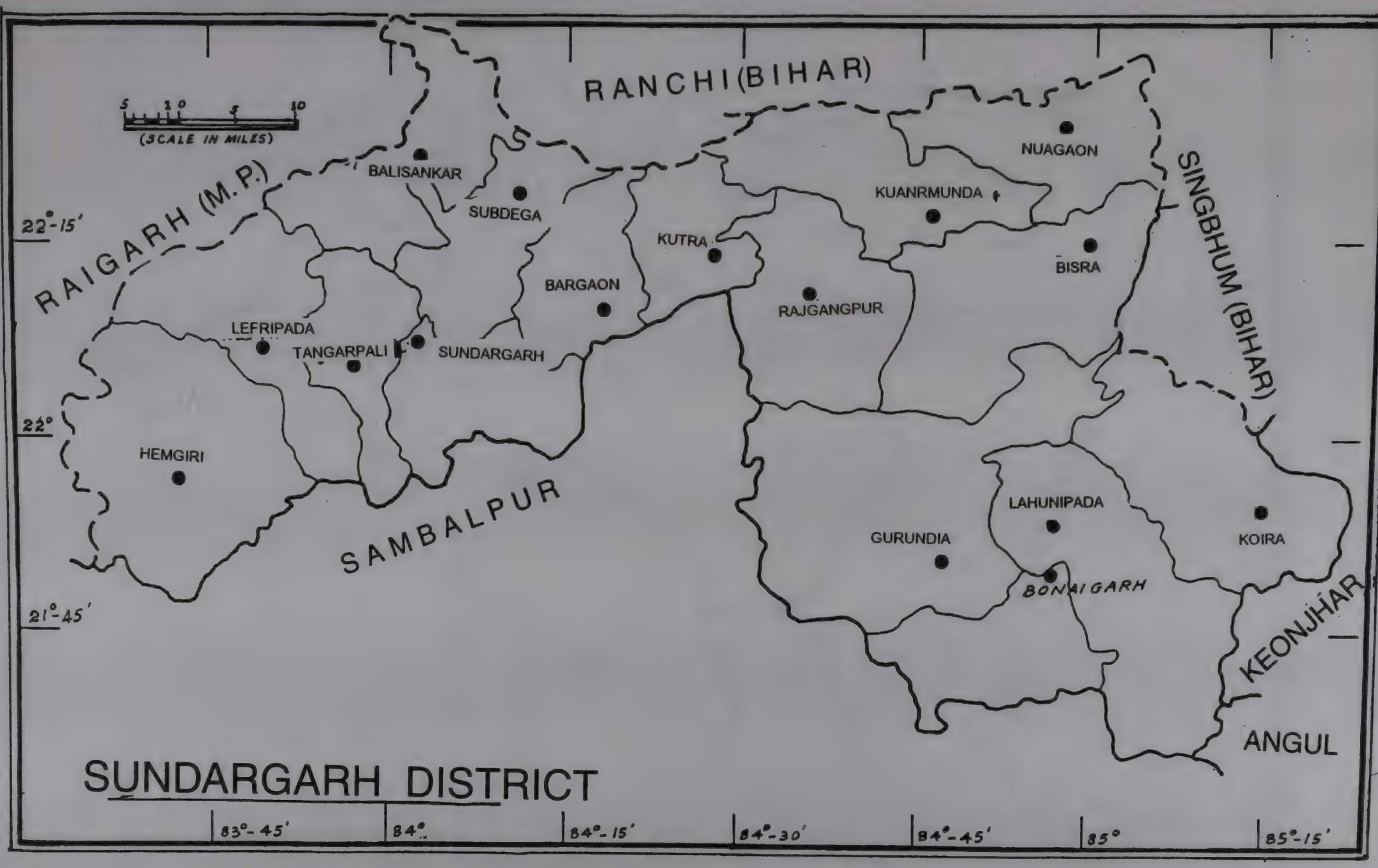
20°-30'

83°-30

83°-45'

84°

84°-15'



SUNDARGARH DISTRICT

DISTRICT PROFILE

XXX. SUNDARGARH

GENERAL PARTICULARS

AREA(SQ.KM.)	9712
% TO TOTAL STATE AREA	6.12
SUB-DIVISIONS	3
TEHSILS	7
BLOCKS	17
GRAM PANCHAYATS	170
TOWNS	9
VILLAGES	1744
% OF FOREST AREA	35.93
% OF NET AREA SOWN TO TOTAL AREA	35.99

DEMOGRAPHIC/SOCIO-ECONOMIC PARTICULARS

POPULATION (IN 1000)	1573617
DO, FEMALE	760910
DO, MALE	812707
DO, RURAL	1048612
DO, URBAN	525005
SEX-RATIO (FEMALES/1000MALES)	936
DENSITY OF POPULATION (PER SQ. KMS)	162
DECADAL GROWTH RATE (1981 - 91)	+17.62
% OF ST POPULATION	50.74
%OF SC POPULATION	8.76
% OF URBAN POPULATION	33.35
% OF CULTIVATORS	38.77
% OF AGRICULTURAL LABOUR	17.91
% LITERACY RATE	44.90
DO, FEMALE	32.82
DO, MALE	54.61

MEDICAL INSTITUTIONS

HOSPITALS	11
P H C'S	16
UGPHC'S	1
CHC'S	-
APHC/APHC(N)/PHC(N)	35
DISPENSARIES	3
S H C'S	9
M A C/M H U	2
SUB-CENTRES	345
NUMBER OF BEDS	625
NGO'S	21

DISEASE PROFILE & FW/IMM PERFORMANCE

MALARIA 1993

BSC/BSE	267538
+VE	32975
ABER	15.25
SPR	11.24
API	17.50
Pf%	87.08

LEPROSY 1994

PREVALENCE RATE	4.09
ACTIVE CASES REGISTERED	6835
CHILD CASES (0-14 YEARS)	511
DO, %AGE AMONG NEW CASES	14.60
DEFORMITY CASES	175
DO, %AGE AMONG NEW CASES	5.00

FW PERFORMANCE (%AGE ACHIEVED TO PROPOSED TARGET)

STERILISATION	9.36
CC USERS	41.72
IUD	30.67
ORAL PILL USERS	67.68

IMMUNIZATION

DPT	69.65
BCG	58.17
POLIO	70.46
MEASLES	53.45
PROPHYLAXIS AGAINST VITAMIN A DEFICIENCY (INFANT)	59.75
DO (1 - 2 YEARS)	32.92
DT (5 YEARS	29.53
TT (10 YEARS)	32.01
TT (16 YEARS)	15.49
TT (PW)	63.00

EMERGING PROBLEMS

MALARIA

LEPROSY

Table VII. BLOCK PROFILES

1. Angul District

Index Number	Name of Blocks	Area Sq.Km.	Rank	popn.	Rank	Density of popn.	Rank	Sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age total	Rank	Literacy %age	Rank	Literacy %age female	Rank	No. of sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
I.01	Angul	472.85	5	125.381	2	265	2	988	1	11.78	5	8.61	4	18.97	4	38.09	5	23.43	5	19
I.02	Athmalik	715.17	2	94.977	6	133	7	926	7	11.68	6	17.80	3	13.31	8	36.06	7	22.41	6	18
I.03	Banarpat	336.50	8	140.730	1	418	1	953	5	12.44	1	2.55	8	19.07	3	42.26	2	28.28	2	21
I.04	Chhendipada	610.12	3	123.884	3	203	4	968	3	11.89	4	7.66	5	19.34	2	37.79	6	21.79	7	19
I.05	Kaniha	448.98	6	104.024	4	232	3	938	6	12.17	2	7.27	6	19.35	2	41.66	3	25.42	4	17
I.06	Kishorenagar	598.53	4	81.852	7	137	6	974	2	11.78	5	18.43	2	13.62	7	40.42	4	26.99	3	13
I.07	Pallahara	801.01	1	98.876	5	123	8	965	4	11.97	3	36.80	1	14.64	6	33.88	8	20.32	8	20
I.08	Talcher	427.93	7	81.005	8	189	5	925	8	10.00	7	6.55	7	17.69	5	46.73	1	32.97	1	19

2. Balasore District

Index No.	Name of Blocks	Area Sq.Km.	Rank	popn.	Rank	Density of popn.	Rank	Sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
II.01	Bahanga	223.87	9	102.493	8	458	7	968	5	18.57	11	1.95	12	14.87	9	52.11	1	39.67	1	16
II.02	Balasore	362.49	1	180.516	2	498	5	929	12	29.60	2	11.53	5	24.29	2	42.52	11	30.83	11	24
II.03	Baliapal	233.65	7	145.693	4	623	2	948	10	30.03	1	4.73	8	19.03	6	49.30	6	36.11	6	22
II.04	Basta	224.06	8	135.585	6	605	3	952	8	25.16	4	9.87	6	15.89	8	45.40	8	33.44	8	21
II.05	Bhograi	327.99	3	224.758	1	685	1	949	7	28.51	3	2.17	11	14.68	10	51.74	2	39.30	2	28
II.06	Jaleshwar	348.31	2	148.866	3	427	9	955	9	22.04	8	17.73	2	14.64	11	44.49	10	31.13	10	25
II.07	Khaira	322.90	4	133.634	7	414	10	1,006	2	24.20	5	5.29	7	21.81	3	48.89	5	36.78	5	19
II.08	Nilagiri	252.91	6	93.668	10	370	11	964	6	20.76	10	53.87	1	9.38	12	36.15	12	25.03	12	29
II.09	Oupada	169.78	12	60.358	12	355	12	1,024	1	-0.46	12	17.08	3	16.46	7	27.64	9	32.40	9	13
II.10	Remuna	282.04	5	155.452	5	516	4	931	11	23.39	7	12.33	4	25.37	1	50.99	3	36.84	4	22
II.11	Simulia	197.57	11	86.594	11	438	8	989	4	23.94	6	4.16	10	21.74	4	47.13	7	34.59	7	14
II.12	Soro	220.65	10	101,201	9	459	6	990	3	20.87	9	4.68	9	19.81	5	49.40	4	37.43	3	17

3. Bargarh District

Index No.	Name of Blocks	Area Sq.Km.	Rank	popn.	Rank	Density of popn.	Rank	Sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of centres	Rank
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
III.01	Ambahana	182.26	12	56.812	12	312	5	990	5	12.10	11	27.18	3	19.84	5	42.49	6	27.58	5	10	
III.02	Attabira	404.96	5	143.018	1	353	2	967	9	13.41	9	21.34	6	22.33	2	42.94	3	30.92	1	20	
III.03	Bargarh	369.37	6	137.323	2	372	1	924	10	14.52	8	12.55	12	20.62	3	42.66	5	29.20	3	20	
III.04	Barpali	266.18	11	93.836	5	352	3	970	8	13.35	10	13.97	7	20.34	4	41.07	7	25.89	7	18	
III.05	Bhatli	355.55	8	75.760	9	213	7	991	5	16.40	6	23.34	5	17.43	7	44.91	2	29.98	2	14	
III.06	Bheden	362.75	7	11.4.759	3	316	4	977	7	11.45	12	13.38	11	23.37	1	39.87	8	26.87	6	20	
III.07	Bijepur	323.94	10	84.568	8	312	5	1.003	3	16.00	7	13.69	8	56.96	8	56.00	1	20.99	10	13	
III.08	Gaisilet	345.93	9	70.888	10	198	8	994	4	19.72	3	19.89	8	13.81	11	31.91	11	16.68	11	13	
III.09	Jharbanda	422.97	4	58.913	11	139	11	1.015	1	17.93	4	30.66	2	13.64	12	28.94	12	15.29	12	11	
III.10	Paikmal	564.64	1	87.704	7	155	10	1.009	2	20.93	2	37.18	1	13.89	10	32.03	10	22.25	8	15	
III.11	Rajbarsambar	488.04	3	91.689	6	190	9	991	5	21.47	1	24.14	4	15.63	9	36.78	9	22.16	4	16	
III.12	Sohela	515.11	2	111.355	4	216	6	986	6	16.74	5	19.84	9	18.39	6	42.87	4	28.04	9	17	

BLOCK PROFILE

4. Bhadrak District

Index No. Blocks	Name or the Blocks	Area Sq.Km.	Rank	popn.	Rank	Density of popn.	Rank	Sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank total	Literacy %age	Rank female	Literacy % age	Rank centres	No. of sub-
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
IV.01	Bant	238.90	6	112.928	6	473	3	988	4	23.84	4	3.79	2	24.81	2	52.81	2	41.64	2	17
IV.02	Basudevpur	383.72	2	166.004	2	433	5	940	7	27.59	2	0.12	7	22.23	4	46.89	6	32.98	6	27
IV.03	Bhadrak	314.02	4	155.501	3	495	2	978	5	24.32	3	4.70	1	20.00	7	50.25	3	39.33	3	23
IV.04	Bhandari Polhari	237.05	7	99.844	7	421	6	1.001	3	19.09	7	2.30	3	22.87	3	54.17	1	43.82	1	18
IV.05	Chandabali	521.95	1	177.897	1	341	7	975	6	31.42	1	0.18	5	20.53	6	46.97	5	34.28	5	27
IV.06	Dhamnagar	248.30	5	150.881	4	608	1	1.040	1	19.64	6	0.94	4	21.81	5	54.17	1	43.82	1	25
IV.07	Thidi	319.85	3	141.108	5	441	4	1.017	2	23.58	5	0.17	6	28.40	1	49.46	4	37.84	4	22

5. Boudh District

Index No. Blocks	Name or the Blocks	Area Sq.Km.	Rank	popn.	Rank	Density of popn.	Rank	Sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
V.01	Boudh	626.39	2	104.275	2	168	2	995	1	19.32	1	11.46	3	18.64	2	32.59	2	7.46	2	19
V.02	Harbhanga	498.15	3	92.661	3	186	1	985	3	17.57	2	13.23	2	24.69	1	37.13	1	9.86	1	17
V.03	Kantamal	688.13	1	105.228	1	153	3	988	2	17.46	3	15.76	1	15.61	3	29.63	3	6.85	3	23

6. Bolangir District

Index No. Blocks	Name of the Blocks	Area Sq.Km.	Rank	popn.	Rank	Density	Rank	Sex-Ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
VI.01	Agalpur	295.96	13	78,78024	9	264	1	985	8	19.43	4	12.28	13	15.46	10	38.08	1	21.16	1	12
VI.02	Bangomunda	318.03	12	79,929	7	253	3	1,003	1	14.36	9	17.65	12	18.99	2	23.73	11	9.19	11	15
VI.03	Belpara	498.17	2	81,326	6	163	14	993	5	2.63	14	35.65	3	9.90	14	26.63	10	17	2	
VI.04	Bolangir	388.16	7	78,536	8	202	8	978	10	18.24	5	22.72	7	15.49	9	34.08	3	18.72	5	13
VI.05	Deogaon	432.01	5	75,040	12	174	11	992	6	20.19	2	21.59	8	16.50	6	31.40	7	17.30	6	13
VI.06	Khaprakhol	448.34	4	76,513	11	171	12	996	4	9.29	13	36.85	1	10.50	13	28.16	9	14.43	9	16
VI.07	Loisingha	319.22	11	77,050	10	241	5	993	5	18.10	6	18.56	11	13.66	11	34.07	4	19.27	3	13
VI.08	Muribahal	398.75	6	84,097	5	211	7	1,002	2	14.31	10	26.78	6	16.85	4	22.01	13	7.78	13	15
VI.09	Patnagarh	591.33	1	99,538	1	168	13	985	8	13.15	11	32.44	4	13.00	12	31.56	6	16.34	7	20
VI.10	Puintala	340.69	9	86,571	4	254	2	967	11	17.22	7	6.62	14	21.27	1	35.75	2	19.60	2	16
VI.11	Saintala	459.99	3	86,855	3	189	10	980	9	22.72	1	21.12	10	16.23	7	30.12	8	14.83	8	16
VI.12	Tentulikhunti	204.83	14	46,907	14	229	6	990	7	14.67	8	29.37	5	16.64	5	33.80	4	19.04	4	9
VI.13	Titagarh	360.21	8	87,613	2	243	4	998	3	19.44	3	21.17	9	18.88	3	23.38	12	8.23	12	16
VI.14	Tureikela	337.36	10	65,330	10	194	9	12.73	12	36.81	2	15.67	8	18.87	14	6.39	14	12	6	12

BLOCK PROFILE

7. Cuttack District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
VII.01	Athagarh	295.76	4	114,241	8	386	12	951	9	20.02	2	12.24	1	13.98	13	50.20	9	39.08	8	22
VII.02	Baramba	226.65	5	117,944	7	520	9	953	8	18.42	3	5.57	4	14.16	12	44.36	13	32.06	13	23
VII.03	Banki	187.16	9	91,579	10	489	10	969	5	16.30	7	5.46	5	15.11	11	48.40	10	36.44	10	22
VII.04	Barang	125.40	12	71,765	13	572	8	958	7	16.78	5	3.54	8	27.49	1	55.35	3	43.63	3	17
VII.05	Cuttack	139.95	11	104,945	9	750	2	937	14	11.00	14	2.80	9	25.44	3	58.27	1	47.52	1	20
VII.06	Dampara	312.57	3	76,984	11	246	14	977	2	16.98	4	8.36	3	17.44	9	47.30	11	9	15	9
VII.07	Kantapara	119.33	13	72,470	12	607	6	992	1	14.29	12	0.42	11	27.34	2	55.91	2	44.36	2	17
VII.08	Mahanga	206.44	6	149,276	1	723	3	971	4	12.40	13	0.36	12	21.72	6	53.28	6	41.57	6	30
VII.09	Narsinghpur	333.74	1	124,086	6	372	13	947	12	15.69	9	3.63	7	20.78	7	47.30	11	34.30	11	25
VII.10	Niali	200.85	8	125,320	5	624	5	973	3	16.47	6	0.22	13	19.49	8	52.05	8	40.30	7	24
VII.11	Nischinkoili	163.07	10	126,879	4	772	1	949	11	15.46	10	0.06	14	23.57	5	54.72	4	42.88	5	23
VII.12	Salepur	205.54	7	140,778	2	685	4	955	6	14.96	11	1.42	10	25.35	4	53.08	7	4.14	14	27
VII.13	Tangi-Chowduar	325.72	2	128,964	3	396	11	940	13	16.24	8	10.11	2	15.91	10	54.04	5	43.14	4	25
VII.14	Tigiria	101.35	14	60,202	14	594	7	950	10	20.60	1	4.81	6	10.24	14	45.53	12	34.54	12	12

8. Deogarh district

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
VIII.01	Barkot	613.34	2	83,025	1	135	1	991	2	25.16	1	30.30	2	15.98	2	36.40	1	24.51	1	12
VIII.02	Tileibani	526.71	3	56,760	3	1.004	1	6.25	3	56.38	1	9.65	3	31.15	3	19.12	3	19.12	3	8
VIII.03	Reamal	722.64	1	78,178	2	109	2	950	3	19.76	2	22.16	3	16.15	1	35.43	2	22.23	2	19

9. Dhenkanal District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
IX.01	Bhuban	252.57	8	82,640	7	327	2	957	5	17.96	5	8.90	6	16.21	5	47.87	3	36.19	4	14
IX.02	Dhenkanal	395	6	122,867	3	310	4	924	8	18.45	3	14.19	4	15.03	6	49.18	2	37.13	1	22
IX.03	Gondia	397.35	5	124,949	2	313	3	952	7	18.11	4	19.16	2	12.43	7	47.83	4	36.23	3	20
IX.04	Hindol	593.40	1	145,082	1	244	6	1006	1	14.16	8	5.66	7	39.12	7	27.47	8	24	3	24
IX.05	Kamakhyanagar	404.71	4	92,869	6	228	7	967	2	16.10	6	14.76	3	16.53	3	45.59	5	32.62	5	17
IX.06	Kankadahad	574.68	2	81,869	8	142	8	964	3	25.95	1	37.12	1	12.13	8	31.89	8	19.58	7	15
IX.07	Odapada	332.88	7	112,101	4	337	1	955	6	15.65	7	6.72	8	19.02	2	49.45	1	36.92	2	20
IX.08	Parajang	427.66	3	107,836	5	252	5	960	4	23.17	2	10.04	5	16.40	4	42.80	6	28.74	6	18

BLOCK PROFILE

10. Gajapati District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
X.01	Guma	1,048.94	1	55,091	4	52.82	6	1,088	1	12.97	4	71.36	3	4.41	4	14.60	7	7.92	6	18
X.02	Kasinagar	477.98	5	45,866	5	95.05	3	1,0112	5	8.36	6	30.09	6	17.78	1	19.16	6	10.99	4	12
X.03	Mohana	655.10	3	93,154	1	142.00	2	1,018	4	25.12	1	56.77	5	7.13	3	19.36	5	9.59	6	28
X.04	Nuagada	439.69	7	38,451	7	87.00	4	1,067	2	15.56	3	74.71	2	0.87	7	19.49	4	10.39	5	12
X.05	Parlakhemundi	494.17	4	74,274	2	150.00	1	1,010	6	5.12	7	10.44	7	15.69	2	24.70	2	14.57	1	16
X.06	Rayagada	961.51	2	56,448	3	58.00	5	1,055	3	11.71	5	77.82	1	2.84	6	21.01	3	11.50	3	17
X.07	R. Udayagiri	466.59	6	44,378	6	95.00	3	992	7	21.50	2	68.20	4	3.37	5	25.54	1	13.22	2	13

11. Ganjam District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XI.01	Asika	223.99	14	122,036	3	545	4	1,033	7	20.41	7	0.66	14	18.41	12	43.27	1	28.39	2	22
XI.02	Belaguntha	196.02	19	89,227	18	455	10	1,083	1	13.24	18	0.49	16	11.73	22	42.40	2	29.85	1	18
XI.03	Bhanjanagar	283.62	8	106,793	9	376	14	1,000	13	12.03	22	7.50	3	22.15	7	37.50	7	22.95	20	3
XI.04	Buguda	291.54	5	93.896	17	322	17	1,050	4	21.50	4	1.41	13	13.87	20	36.88	8	23.72	7	18
XI.05	Chikiti	207.69	18	81,844	21	394	13	1,041	6	17.85	13	2.32	12	27.93	2	29.84	20	16.00	21	16
XI.06	Chhatrapur	230.52	12	109,335	7	472	7	1,029	8	18.92	11	0.35	17	25.14	4	33.74	13	18.32	19	18
XI.07	Digapahandi	422.18	2	122,348	2	290	21	994	16	15.10	17	6.41	5	15.18	17	32.75	16	17.79	16	24
XI.08	Dharakot	290.12	6	87,153	19	300	18	995	15	20.87	5	6.80	4	17.38	14	34.80	12	20.41	9	16
XI.09	Ganjam	211.04	17	69,779	22	331	16	1,011	12	13.15	19	0.09	21	22.45	6	33.03	15	17.02	17	14
XI.10	Hinjlikut	150.10	21	101,982	14	679	1	1,025	9	15.85	16	0.23	19	20.10	9	38.22	4	24.36	4	18
XI.11	Jagannath Prasad	426.84	1	104,709	12	245	22	995	15	16.84	14	6.06	6	25.71	3	39.79	3	25.92	3	20
XI.12	Kavisurya Nagar	147.60	22	86,996	20	589	2	1,059	3	24.82	1	0.35	17	18.18	13	35.28	10	19.26	13	16
XI.13	Khalikot	285.31	7	119,425	4	418	12	1,019	10	18.78	12	3.39	9	19.92	10	30.51	18	16.04	20	22
XI.14	Kodola	213.64	16	99,552	16	466	8	1,046	5	16.71	15	2.59	10	14.96	18	32.59	17	18.51	14	20
XI.15	Kukudakhandi	250.56	11	105,372	11	420	11	979	18	22.40	3	4.29	7	23.79	5	37.96	5	23.76	5	18
XI.16	Polasara	280.07	9	102,900	13	367	15	1,066	2	20.83	6	2.49	11	16.31	15	33.45	14	19.30	11	20
XI.17	Patrapur	360.87	4	106,928	8	296	19	1,046	5	12.41	21	11.58	1	14.09	19	29.40	21	16.78	18	22
XI.18	Purushottampur	227.94	13	117,432	5	515	6	1,014	10	12.63	20	0.22	20	49.62	1	35.52	9	19.29	12	24
XI.19	Kangrilunda	223.01	15	117,277	6	526	5	998	14	19.98	8	0.24	18	19.17	11	37.59	6	23.73	6	20
XI.20	Sanakhemundi	275.95	10	128,219	1	465	9	979	18	19.73	9	4.19	8	12.59	21	30.41	19	16.11	19	22
XI.21	Seragada	180.50	20	100,807	15	558	3	982	19	18.98	10	0.64	15	16.17	16	35.17	11	20.20	10	18
XI.22	Soroda	363.94	3	106,293	10	292	20	993	16	24.45	2	9.72	2	20.11	8	26.36	22	14.00	22	18

12. Jagatsinghpur District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XII.01	Balikuda	301.01	2	140,872	2	468	6	1,013	3	15.02	5	0.07	8	19.11	6	54.10	7	42.99	7	28
XII.02	Biridi	190.77	5	107,408	5	563	4	977	7	9.93	8	1.21	2	31.65	1	56.04	5	44.48	5	21
XII.03	Ersama	374.82	1	116,598	1	311	7	984	6	20.77	1	20.02	1	0.22	8	50.10	8	38.51	8	21
XII.04	Jagatsinghpur	186.56	7	197,810	7	652	1	990	5	14.33	6	0.29	5	23.14	4	56.46	4	48.45	2	27
XII.05	Kujanga	223.37	4	139,095	4	223	8	969	8	19.47	2	0.40	4	24.14	2	56.56	3	46.00	4	25
XII.06	Nuagaon	120.21	8	66,651	8	554	5	1,031	1	12.80	7	17.06	7	54.35	6	44.27	6	44.27	8	
XII.07	Raghunathpur	188.41	6	111,258	6	590	3	992	4	17.46	3	0.84	3	23.99	3	56.99	2	46.45	3	22
XII.08	Tirtol	226.41	3	134,550	3	594	2	1,015	2	15.56	4	0.22	6	19.32	5	58.16	1	48.82	1	25

BLOCK PROFILE

13. Jajpur District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XIII.01	Barchana	371.58	3	178,664	1	480	6	955	9	20.50	8	7.74	4	17.30	9	49.41	4	38.10	4	30
XIII.02	Bari	178.38	9	124,649	7	267	8	1,036	1	18.57	9	2.54	7	27.70	3	52.22	1	42.02	3	23
XIII.03	Binjharpur	192.89	8	137,949	4	715	2	1,021	3	21.19	7	8.04	3	31.03	2	51.90	2	42.98	1	25
XIII.04	Dangadi	484.21	1	85,859	10	177	10	958	8	23.12	4	28.21	2	22.30	6	35.97	9	26.88	8	15
XIII.05	Dasarathpur	239.00	6	157,672	3	659	3	1,026	2	18.01	10	2.11	8	31.68	1	51.77	3	42.77	2	29
XIII.06	Dharmasala	312.40	5	165,890	2	531	5	960	6	23.46	3	7.22	5	19.50	7	45.21	8	33.77	7	29
XIII.07	Jajpur	201.65	7	130,573	6	647	4	959	7	24.20	2	1.05	10	25.09	5	47.82	7	37.11	5	23
XIII.08	Korei	332.46	4	116,729	8	351	7	982	4	22.99	5	6.64	6	25.14	4	49.30	5	25.70	9	21
XIII.09	Rasulpur	163.88	10	132,833	5	810	1	968	5	22.80	6	1.91	9	18.65	8	36.74	6	36.74	6	23
XIII.10	Sukinda	384.56	2	102,531	9	266	9	939	10	29.48	1	36.09	1	11.88	10	34.97	10	23.50	10	17

14. Jharsuguda District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XIV.01	Jharsuguda	280.17	2	69,678	2	248	1	994	3	22.71	2	42.56	4	16.50	3	36.35	4	23.24	4	15
XIV.02	Kirmira	196.06	5	33,890	5	172	3	969	4	14.38	4	52.18	1	16.67	2	37.62	2	23.92	3	6
XIV.03	Kulabina	240.46	4	39,112	4	162	5	996	2	14.30	5	44.54	3	13.87	5	37.40	3	24.03	2	7
XIV.04	Laikira	256.01	3	41,264	3	161	4	1,023	1	15.37	3	50.98	2	17.83	1	33.74	5	21.68	5	7
XIV.05	Lakhanpur	632.29	1	137,159	1	216	2	951	5	33.20	1	32.61	5	14.61	4	43.50	1	29.34	1	23

15. Kalahandi District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XV.01	Bhawanipatna	553.93	2	115,777	2	209	9	1,010	4	14.83	11	34.69	5	19.52	4	22.56	8	9.47	9	20
XV.02	Dharamgarh	386.04	7	100,293	3	259	2	998	10	18.06	6	18.27	12	17.08	5	24.53	7	9.94	7	18
XV.03	Golamunda	426.20	4	92,492	5	217	7	1,003	8	17.90	7	26.31	9	16.82	7	19.64	11	7.78	11	20
XV.04	Jagapatna	405.13	5	94,855	4	234	5	1,006	6	27.69	2	36.44	4	13.73	13	21.71	10	9.93	10	17
XV.05	Junagarh	563.85	1	135,987	1	241	4	1,009	5	18.24	5	16.72	11	15.93	8	22.37	9	9.68	8	26
XV.06	Kalampur	155.96	13	44,517	12	286	1	1,017	3	17.00	8	26.27	10	15.31	9	28.30	4	14.35	3	8
XV.07	Karlamunda	195.09	12	42,014	13	215	8	995	11	13.37	12	16.35	13	21.47	3	29.80	3	14.29	4	9
XV.08	Kensinga	374.84	8	83,435	7	223	6	1,005	7	13.30	13	26.1	7	15.28	10	30.93	2	15.10	2	16
XV.09	Koksara	334.60	10	83,181	8	246	3	1,025	2	16.52	9	32.97	6	15.01	11	25.21	6	10.22	6	17
XV.10	Lanjigarh	401.94	6	60,974	9	151	13	1,002	9	24.54	3	46.92	2	25.27	2	17.25	12	6.98	12	17
XV.11	Madanpur Rampur	301.38	11	56,449	10	187	11	992	12	19.95	4	39.33	3	14.24	12	27.47	5	13.85	5	11
XV.12	Narala	436.21	3	86,935	6	199	10	984	13	15.00	10	27.62	8	16.99	6	34.72	1	19.40	1	19
XV.13	Thuamal Rampur	340.65	9	55,777	11	163	1	1,026	1	32.33	1	66.66	1	25.40	1	6.49	13	3.25	13	16

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16. Kendrapara District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XVI.01	Aali	224.41	6	123,291	3	549	3	1,097	1	13.79	7	0.01	6	22.77	3	54.65	4	45.61	3	23
XVI.02	Derabis	183.18	7	116,657	6	636	2	962	8	15.30	5	0.22	4	56.09	3	44.64	5	44.64	3	
XVI.03	Garadpur	142.41	9	90,922	9	538	4	1,017	4	12.78	8	0.01	6	20.19	5	57.70	1	47.03	1	18
XVI.04	Kendrapada	244.40	5	121,256	4	496	6	989	5	18.48	3	0.14	5	23.50	2	54.08	6	43.59	6	23
XVI.05	Mahakalapada	469.64	1	162,591	1	346	8	961	9	20.64	2	1.46	1	16.96	6	45.91	9	34.00	9	29
XVI.06	Marshaghai	157.58	8	105,099	8	666	1	983	6	17.25	4	0.25	3	16.80	7	57.50	2	45.99	2	21
XVI.07	Pattamundei	254.72	4	131,372	2	515	5	1,082	2	-5.80	9	0.009	7	25.61	1	52.16	7	42.76	7	30
XVI.08	Rajkanika	263.68	3	116,139	7	440	7	1,064	3	14.12	6	-	8	14.53	8	54.46	5	45.46	4	23
XVI.09	Rajnagar	344.29	2	118,939	5	345	9	963	7	24.45	1	0.93	2	15.36	9	46.37	8	34.01	8	19

17. Keonjhar District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XVII.01	Anandpur	300.15	13	83,731	6	279	3	980	8	18.88	6	46.16	10	13.08	3	32.18	8	21.37	6	18
XVII.02	Banspal	1,191.07	1	70,647	13	59	13	1,007	4	17.53	9	79.28	1	4.25	12	14.19	13	5.52	13	23
XVII.03	Champua	345.50	11	80,105	9	232	5	1,014	3	8.31	13	22.64	11	8.95	7	37.34	3	24.18	3	24
XVII.04	Ghasipura	365.03	10	123,727	1	338	2	971	12	19.41	5	19.14	12	19.05	2	48.35	1	37.41	1	23
XVII.05	Ghatagaon	461.65	5	87,826	5	190	7	999	5	21.21	4	62.76	3	5.71	11	33.41	6	15.75	10	26
XVII.06	Harichandrapur	622.00	2	103,382	4	166	11	972	11	31.00	1	52.00	5	38.21	1	15.12	12	7.92	12	32
XVII.07	Hatadihi	327.42	12	121,757	2	371	1	972	11	22.21	3	16.97	13	13.08	3	47.97	2	36.28	2	20
XVII.08	Jhumpura	484.33	4	83,445	7	172	10	998	6	17.52	10	48.46	9	6.78	10	32.71	7	20.31	7	26
XVII.09	Joda	427.27	7	74,570	10	174	9	976	9	18.65	8	66.70	2	9.26	6	23.60	11	12.06	11	26
XVII.10	Keonjhargarh	451.26	6	116,724	3	258	4	987	7	13.41	11	49.72	8	9.68	5	35.71	4	21.83	5	29
XVII.11	Patna	420.56	8	81,221	8	193	6	1,018	2	18.81	7	51.67	6	7.12	9	34.56	5	22.73	4	25
XVII.12	Sharpada	383.53	9	70,902	12	184	8	1,029	1	11.62	12	56.03	4	8.50	8	30.77	9	19.13	9	21
XVII.13	Telkoi	559.29	3	74,210	11	132	12	974	10	22.80	2	51.09	7	10.70	4	29.66	10	16.84	8	23

18. Khurda District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XVIII.01	Balinta	150.21	9	97,418	5	648	2	969	6	19.85	3	3.14	7	26.79	2	52.85	6	40.68	6	17
XVIII.02	Balipatna	140.79	10	92,394	9	656	1	969	6	16.74	7	0.01	10	26.50	3	55.68	2	43.39	2	17
XVIII.03	Banpur	390.07	1	96,176	6	246	9	1,001	1	11.22	9	8.51	4	9.39	9	45.75	7	33.67	4	19
XVIII.04	Begunia	306.10	4	103,237	4	337	7	983	3	18.61	5	11.44	1	9.53	8	53.70	3	42.80	5	19
XVIII.05	Bhubanwswar	342.43	3	93,135	8	271	8	956	8	11.16	10	8.56	3	18.38	4	52.93	5	41.83	1	21
XVIII.06	Bolagarh	252.60	6	107,797	2	426	3	975	4	16.44	8	7.69	6	6.40	10	55.73	1	44.36	8	21
XVIII.07	Chilika	195.33	8	94,307	7	246	9	1,001	1	24.81	1	0.77	9	28.29	1	44.59	8	31.79	5	17
XVIII.08	Jatani	218.66	7	74,870	10	342	6	958	7	19.97	2	8.00	5	15.25	5	52.93	5	41.83	3	13
XVIII.09	Khurda	302.23	5	105,090	3	348	5	991	2	18.67	4	9.57	2	9.71	4	53.37	4	43.21	7	19
XVIII.10	Tangi	343.74	2	121,309	1	353	4	974	5	18.50	6	2.15	8	12.17	9	43.93	9	34.20	9	21

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19. Koraput District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XIX.01	Balpariguda	1,026.55	1	75,254	3	102	10	1,004	6	51.13	1	60.08	6	12.25	8	9.02	13	4.03	12	19
XIX.02	Bandhugaon	233.14	13	42,954	13	195	3	1,034	1	14.93	11	77.62	2	8.83	10	11.41	9	6.04	5	14
XIX.03	Boriguma	606.48	4	113,983	1	186	4	999	8	26.44	3	51.00	10	15.62	4	17.04	3	7.94	3	33
XIX.04	Dasmanthpur	663.96	3	61,528	6	93	11	1,021	3	16.20	9	56.25	7	10.66	9	9.34	11	4.09	11	20
XIX.05	Jaypore	510.09	6	83,747	2	202	2	985	10	25.70	5	49.92	12	19.66	1	17.77	2	9.58	2	22
XIX.06	Koraput	433.21	7	56,740	7	185	5	975	14	38.63	2	40.90	14	14.62	7	22.62	1	12.42	1	17
XIX.07	Kotpad	422.48	8	69,551	5	173	6	983	12	23.47	6	61.16	5	15.04	5	13.88	5	5.04	9	20
XIX.08	Kundra	359.86	9	52,181	9	149	9	1,003	7	26.24	4	50.20	11	16.72	3	11.22	10	5.43	7	17
XIX.09	Lamptaput	576.99	5	46,628	12	89	12	1,031	2	8.05	14	46.68	13	17.49	2	12.73	6	5.32	8	14
XIX.10	Laxmipur	310.33	11	49,301	10	159	7	994	9	18.80	7	88.81	4	14.68	6	14.09	4	5.70	6	14
XIX.11	Nandapur	685.60	2	78,890	4	159	7	1,007	4	14.51	12	54.03	9	4.63	14	12.06	7	4.54	10	23
XIX.12	Narayanapatna	157.00	14	32,835	14	208	1	984	11	17.30	8	81.63	1	7.98	11	11.80	8	6.86	4	10
XIX.13	Pottangi	258.02	12	52,799	8	195	3	979	13	14.08	13	71.16	3	5.16	13	9.06	12	3.87	13	14
XIX.14	Similiguda	314.65	10	49,081	11	152	8	1,006	5	15.40	10	54.09	8	7.87	12	9.34	11	2.53	14	16

20. Malkangiri District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XX.01	Kalimela	424.56	5	83,992	2	198	1	973	6	41.12	3	42.43	7	33.24	1	17.62	1	11.00	1	25
XX.02	Khairput	339.00	7	27,321	7	81	6	1,019	1	40.15	4	73.00	3	7.25	6	1.71	5	5.39	5	11
XX.03	Korkunda	692.09	1	88,219	1	127	2	981	5	25.02	5	53.35	6	25.87	2	16.00	2	9.47	2	31
XX.04	Kudmulgumma	569.56	3	40,699	5	71	7	985	4	46.31	1	76.06	1	6.41	7	8.00	7	3.38	7	13
XX.05	Malkangiri	452.54	4	46,618	4	107	4	1,003	3	47.76	2	70.03	4	17.73	3	13.46	4	8.07	4	17
XX.06	Mathil	592.76	2	66,162	3	112	3	1,004	2	14.44	6	75.00	2	8.49	5	11.24	6	5.02	6	21
XX.07	Padia	415.37	6	38,459	6	93	5	985	4	8.87	7	65.08	5	17.35	4	14.24	3	8.61	3	15

21. Mayurbhanj District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XXI.01	Bahalda	266.59	15	66,964	14	251	14	1,009	8	11.08	25	57.43	17	7.00	11	31.58	8	15.49	7	21
XXI.02	Bangiriposi	300.94	9	77,492	6	257	10	984	14	11.71	16	68.49	9	5.64	16	2678	18	15.77	16	22
XXI.03	Baripada	198.09	21	53,230	20	269	9	960	23	16.69	1	72.01	7	3.03	24	27.54	16	16.99	12	18
XXI.04	Badasahi	312.13	7	114,197	1	266	1	966	22	11.61	17	48.24	23	10.00	3	33.50	3	27.96	3	35
XXI.05	Betanati	298.29	10	107,334	2	360	2	968	21	12.47	4	38.97	25	11.26	2	33.86	2	22.98	2	31
XXI.06	Bijatota	257.65	15	51,876	21	201	19	1,033	1	11.58	18	76.24	2	5.00	16	22.48	24	10.90	26	14
XXI.07	Bisoi	330.35	4	58,086	16	175	22	1,018	3	12.07	8	69.56	8	5.09	17	24.60	23	13.39	21	17
XXI.08	Gopabandhunagar	163.34	26	57,861	17	354	3	978	17	11.46	21	52.49	20	13.40	1	36.28	1	24.66	1	17
XXI.09	Jamada	206.59	20	49,441	23	239	16	1,013	6	1.49	23	75.50	3	7.00	11	24.70	22	11.63	24	15
XXI.10	Jashipur	442.32	2	77,146	7	174	32	993	12	11.90	11	67.61	10	7.45	7	27.87	15	16.44	14	22
XXI.11	Kaptipada	530.05	1	102,222	3	193	21	969	20	11.97	10	63.50	14	3.89	23	25.01	21	15.61	17	30
XXI.12	Karanjia	314.17	5	69,778	12	222	18	1,000	11	11.46	21	66.92	12	7.41	9	28.59	14	16.81	13	19
XXI.13	Khunta	222.06	17	60,274	15	271	8	974	19	11.58	20	78.37	1	7.74	20	25.39	20	14.33	20	20
XXI.14	Kullana	295.63	11	75,477	8	255	11	952	25	12.25	6	65.55	13	6.06	13	29.60	11	17.81	10	22
XXI.15	Kusuni	312.16	6	72,203	10	231	24	1,008	9	11.83	13	63.47	15	8.00	6	28.02	13	15.19	18	20
XXI.16	Moroda	283.59	12	82,095	4	289	6	990	13	11.88	12	41.61	24	7.00	11	30.25	9	18.37	8	24
XXI.17	Rairangpur	205.61	21	49,271	24	239	15	1,002	10	11.37	24	55.75	19	8.19	4	29.63	10	17.48	11	14
XXI.18	Raruan	212.48	19	49,880	22	234	17	1,021	2	11.42	22	51.75	22	7.06	10	32.79	4	19.83	5	17
XXI.19	Rasagobindapur	234.51	16	68,322	13	291	5	975	18	12.45	5	52.08	21	8.02	5	31.27	7	20.43	4	19
XXI.20	Samakhunta	190.22	22	56,689	18	298	4	982	16	11.72	15	67.10	11	4.00	22	22.47	25	13.14	23	18
XXI.21	Saraskana	312.03	8	75,330	9	241	15	964	24	11.75	14	56.99	18	6.16	12	31.01	5	18.91	6	14
XXI.22	Sukruli	174.08	24	44,120	25	253	12	1,017	4	12.50	3	61.62	16	7.44	8	30.63	8	18.19	9	12
XXI.23	Suliapada	278.75	14	76,418	5	281	7	974	9	12.13	7	38.87	26	5.92	15	28.93	12	16.38	15	23
XXI.24	Thakurmunda	424.90	3	71,679	11	169	25	1,012	7	12.57	2	72.99	6	4.52	21	20.62	26	10.91	25	19
XXI.25	Tiring	168.85	25	42,543	26	252	13	1,014	5	11.99	9	75.26	5	6.00	14	26.90	17	13.91	22	12
XXI.26	Udala	283.05	13	56,343	19	199	20	983	15	11.57	19	75.33	4	4.82	19	25.61	19	15.10	19	17

BLOCK PROFILE

22. Nawapara District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XXII.01	Boden	338.48	4	63,683	5	158	3	1,003	3	23.51	1	41.77	2	12.74	3	19.43	4	6.70	5	13
XXII.02	Kharia	308.87	5	80,918	4	251	1	878	5	18.66	4	28.76	5	14.52	1	23.20	1	9.79	2	16
XXII.03	Komna	651.77	2	104,083	2	159	4	1,006	2	17.97	5	48.33	1	13.20	2	19.19	5	8.49	4	20
XXII.04	Nawapara	746.06	1	108,756	1	145	5	1,010	1	18.87	3	39.92	3	11.60	5	21.54	3	10.52	1	21
XXII.05	Sinapali	416.46	3	86,283	3	207	2	995	4	20.22	2	30.71	4	12.55	4	21.73	2	8.95	3	15

23. Nayagarh District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XXIII.01	Bhapur	198.91	6	85,437	5	429	2	988	2	15.58	3	3.37	5	10.75	6	49.43	3	34.80	3	17
XXIII.02	Dasapalla	571.57	1	84,747	6	145	8	963	3	16.58	2	21.00	1	20.95	2	40.38	8	25.61	8	17
XXIII.03	Gania	162.17	8	31,317	8	193	7	942	6	12.49	7	10.56	3	23.15	1	46.74	6	31.44	7	7
XXIII.04	Khandapada	243.94	5	90,873	4	374	4	950	5	13.86	5	2.90	6	16.76	4	47.62	5	33.03	5	19
XXIII.05	Nayagarh	178.52	7	121,476	3	680	1	934	8	13.56	6	0.39	8	10.66	7	50.47	1	36.22	2	22
XXIII.06	Nuagaon	385.24	2	77,332	7	201	6	940	7	14.19	4	1.11	2	17.45	3	46.58	7	31.75	6	15
XXIII.07	Odogaon	341.99	4	139,338	1	407	3	951	4	12.52	8	1.52	7	13.05	5	48.31	4	34.43	4	27
XXIII.08	Ranapur	367.60	3	134,141	2	365	5	1,004	1	16.65	1	6.78	4	8.79	8	49.75	2	37.84	1	25

24. Nawrangpur District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XXIV.01	Chandahandi	257.98	8	51,937	8	201	7	1,003	2	18.17	9	33.67	10	10.73	10	8.21	10	3.99	8	15
XXIV.02	Dabugaon	217.47	9	46,095	9	211	4	985	7	19.77	8	59.37	5	12.34	7	11.26	6	4.52	6	13
XXIV.03	Jharigaon	449.45	5	98,920	4	212	3	1,005	1	36.46	3	61.86	4	13.13	6	9.19	9	3.60	9	23
XXIV.04	Kosagumunda	550.78	2	117,731	2	213	2	988	5	31.22	4	63.62	2	12.10	8	9.29	8	3.00	10	36
XXIV.05	Nandahandi	213.15	10	43,890	10	205	6	988	5	16.29	10	47.35	8	14.91	5	17.30	2	7.10	3	13
XXIV.06	Nawrangpur	277.40	7	57,914	7	208	5	991	4	22.22	7	57.98	7	16.85	3	12.53	5	4.02	7	19
XXIV.07	Papadahandi	445.90	4	95,768	5	214	1	996	3	24.89	6	58.79	6	11.17	9	12.81	4	5.71	4	28
XXIV.08	Raigarh	1,389.27	1	125,244	1	90	10	987	6	33.59	2	64.51	1	18.46	2	15.70	3	7017	2	30
XXIV.09	Tentukikhunti	380.09	6	68,189	6	179	9	979	8	23.06	5	42.83	9	15.50	4	22.55	1	12.14	1	18
XXIV.10	Umerkote	512.87	3	101,854	1	198	8	973	9	44.30	1	62.1	3	18.67	1	10.29	7	5.12	5	26

BLOCK PROFILE

25. Phulbeni(Kondhmal) District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XXV.01	Baliguda	434.30	3	52,409	3	120	5	975	12	29.77	2	45.36	10	15.00	9	26.16	8	13.89	7	12
XXV.02	Chakapada	244.45	10	36,168	8	147	4	1.008	5	14.82	10	47.22	11	24.24	2	32.37	5	15.20	4	12
XXV.03	Daringebadi	769.68	1	73,688	1	95	11	1.046	1	24.25	4	57.77	3	11.82	11	21.39	10	10.27	9	22
XXV.04	G.Udayagirl	137.97	12	27,262	12	197	1	1.029	2	9.61	12	63.99	1	14.77	10	38.49	1	23.44	1	10
XXV.05	Khajuripara	372.49	5	42,562	5	114	7	992	10	13.90	11	51.32	8	30.43	1	34.55	5	15.15	3	13
XXV.06	Kothgath	323.60	6	32,313	9	99	10	991	11	25.43	3	56.63	5	18.59	3	15.62	12	6.75	12	9
XXV.07	Nuagaon	396.39	4	40,259	7	101	8	1.005	6	19.77	8	51.13	9	11.44	12	29.62	7	14.17	6	12
XXV.08	Phiringia	632.39	4	59,680	2	94	12	1.012	4	32.88	1	68.66	2	17.85	7	22.45	9	8.59	10	18
XXV.09	Phulbani	307.32	7	30,809	10	100	9	994	9	20.78	7	55.62	6	22.80	3	32.14	6	13.46	8	11
XXV.10	Paikia	238.30	11	42,194	6	162	3	1.022	3	22.48	6	53.55	7	15.58	8	36.11	2	21.58	2	12
XXV.11	Tikabali	259.07	8	42,915	4	165	2	1.004	7	17.41	9	27.52	12	22.04	4	33.96	4	18.38	3	12
XXV.12	Tumudibandha	257.24	9	30,360	11	118	6	999	8	23.72	5	56.79	4	20.58	5	16.57	11	6.92	11	8

26. Puri District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XXVI.01	Astaranga	162.23	11	71,196	10	438	8	952	11	18.36	3	0.002	10	25.52	1	51.88	6	38.99	6	14
XXVI.02	Brahmagiri	302.89	3	99,891	7	329	10	1.009	1	17.53	5	0.41	2	14.12	8	45.65	10	31.40	9	19
XXVI.03	Delanga	204.37	7	102,940	6	503	4	994	3	18.60	2	0.33	3	9029	11	56.86	1	45.68	1	19
XXVI.04	Gop	333.40	1	135,634	2	406	9	982	5	10.20	11	0.26	6	20.13	5	54.25	4	43.17	4	26
XXVI.05	Kakatpur	167.06	10	85,620	9	513	3	991	4	17.30	6	0.26	6	20.64	6	50.63	8	38.99	6	18
XXVI.06	Kanas	226.68	6	107,464	5	474	6	1.008	2	15.81	8	0.04	8	13.61	9	51.43	7	38.71	7	21
XXVI.07	Krushnaprasad	328.73	2	66,009	11	200	11	965	9	24.70	1	0.13	7	22.47	2	42.58	1	29.98	10	11
XXVI.08	Nimapara	284.03	4	156,164	1	549	2	981	6	16.92	7	0.02	9	21.45	3	55.65	3	44.19	3	31
XXVI.09	Pipili	203.24	8	112,464	4	553	1	968	7	17.93	4	0.27	5	11.37	10	53.47	5	42.01	5	23
XXVI.10	Puri Sadar	260.82	5	114,998	3	440	7	960	10	15.90	10	0.74	1	16.91	7	48.26	9	34.99	8	23
XXVI.11	Satyabadi	183.09	9	91,580	8	500	5	967	8	15.19	9	0.28	4	20.10	6	56.07	2	44.68	2	17

27. Rayagada District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XXVII.01	Bissam Cuttack	622.65	6	73,276	3	177	6	1.051	1	-8.24	9	62.20	8	16.63	3	17.63	6	14.23	2	23
XXVII.02	Chandrapur	432.63	9	25,947	11	599	1	991	9	-10.29	10	70.09	3	10.42	8	12.88	9	5.48	9	8
XXVII.03	Gudari	754.49	4	30,120	10	393	3	1.009	7	74.87	1	12.63	6	15.80	7	7.70	8	7.70	9	11
XXVII.04	Gunupur	1,241.39	1	54,237	6	436	2	1.019	4	13.60	4	70.98	2	6.60	11	18.96	4	11.03	5	17
XXVII.05	Kalyan Singhpur	420.63	10	50,807	7	138	8	1.044	4	13.60	4	63.19	7	14.02	4	15.75	8	7.85	7	16
XXVII.06	Kasipur	481.86	8	101,995	1	211	4	1.013	3	61.51	9	19.93	2	10.56	10	3.57	10	3.57	1	31
XXVII.07	Kolnara	356.63	11	59,309	5	166	7	1.020	6	9.27	6	68.75	4	9.12	10	21.51	3	12.09	4	19
XXVII.08	Muniguda	649.47	5	65,032	4	100	9	1.011	5	10.12	5	32.59	11	24.78	1	17.61	5	9.38	6	20
XXVII.09	Padmapur	860.24	2	41,720	9	48	11	994	2	20.85	2	46.81	10	12.87	5	28.43	1	16.40	1	13
XXVII.10	Ramnaguda	849.59	3	42,259	8	49	10	986	8	6.68	8	64.66	5	10.40	9	23.61	2	13.15	3	13
XXVII.11	Rayagada	536.42	7	96,107	2	179	5	1.020	1	35.70	1	64.41	6	10.47	7	6.09	11	2.92	11	2

BLOCK PROFILE

28. Sambalpur District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XXVIII.01	Bamara	505.76	5	77,294	3	153	4	1.006	1	17.64	1	10.55	8	31.15	9	21.11	8	25	1	25
XXVIII.02	Dhankuda	269.91	9	78,012	2	289	1	952	8	27.34	1	35.47	6	24.90	2	40.19	3	26.27	2	15
XXVIII.03	Jamankira	560.19	2	75,719	4	135	7	984	5	22.04	4	56.37	2	10.91	7	35.42	8	22.40	9	23
XXVIII.04	Jujumara	517.73	4	67,678	6	131	5	977	6	19.41	5	48.01	4	15.31	5	40.15	4	25.98	4	13
XXVIII.05	Kuchinda	394.34	6	59,912	7	152	6	995	2	17.12	7	49.87	3	16.02	4	35.87	7	23.88	7	18
XXVIII.06	Maneswar	326.40	8	80,198	1	246	2	972	7	10.77	9	30.86	7	29.56	1	41.96	1	28.18	1	16
XXVIII.07	Naktideul	522.09	3	48,398	9	91	8	988	4	24.56	2	20.40	9	14.30	6	35.54	5	24.15	6	10
XXVIII.08	RairaKhol	644.80	1	53,198	8	82	9	959	9	22.40	3	22.46	8	5.09	9	41.72	2	25.95	5	9
XXVIII.09	Rengali	386.78	7	69.678	5	180	3	994	3	16.93	8	42.56	5	16.50	3	36.35	6	26.13	3	13

29. Sonepur District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XXIX.01	Binika	289.03	5	80,139	2	277	2	980	5	21.28	4	13.18	2	23.52	3	34.61	4	19.09	2	15
XXIX.02	Birmaharaipur	380.36	1	70,007	3	284	5	967	6	26.64	1	4.91	6	20.69	5	36.41	1	17.78	4	11
XXIX.03	Dunguripali	288.78	6	102,825	1	356	1	1.016	1	14.61	6	13.79	1	18.25	6	35.33	3	20.00	1	17
XXIX.04	Sonepur	319.57	3	59,641	6	187	4	922	3	21.04	5	9.24	3	21.00	4	30.38	5	14.21	5	10
XXIX.05	Tarava	294.24	4	63,748	5	217	3	1.001	2	21.79	3	7.96	5	24.30	2	29.48	6	13.89	6	12
XXIX.06	Ullunda	367.22	2	65,525	4	179	6	984	4	22.83	2	8.03	4	27.19	1	35.53	2	18.55	3	11

30. Sundargarh District

Index No. Blocks	Name of the Blocks	Area Sq.Km	Rank	popn.	Rank	Density of popn.	Rank	sex-ratio	Rank	Growth Rate (1981-91)	Rank	S.T. %age	Rank	S.C. %age	Rank	Literacy %age total	Rank	Literacy %age female	Rank	No. of Sub-centres
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
XXX.01	Balisankara	443.39	6	68,395	4	154	10	1.024	1	9.79	12	67.33	8	8.86	6	34.28	8	23.36	9	21
XXX.02	Banai	33.99	13	55,381	13	166	7,	992	5	12.85	8	52.81	14	11.55	5	42.26	2	29.89	1	18
XXX.03	Bargaon	356.85	11	56,167	12	157	9	980	10	19.84	4	62.89	11	7.76	8	36.99	6	25.98	6	16
XXX.04	Bisra	176.05	17	46,510	17	264	1	974	12	20.01	3	58.86	12	6.80	11	33.19	9	21.43	11	16
XXX.05	Gurundia	585.69	3	51,557	14	88	14	100	4	15.60	6	79.66	2	5.07	16	29.45	12	18.03	15	16
XXX.06	Hemgiri	548.36	4	66,291	5	120	12	969	13	-6.20	17	46.82	17	13.62	2	39.99	3	25.88	7	20
XXX.07	Koida	647.31	2	56,662	11	87	15	957	15	2.52	15	74.58	5	6.01	12	25.02	15	12.81	16	21
XXX.08	Kuanrmunda	499.35	5	71,475	3	143	11	979	11	9.22	13	79.44	3	5.81	13	32.00	10	21.91	10	21
XXX.09	Kutra	316.12	14	63,427	9	200	5	990	7	20.22	2	75.74	4	7.71	10	35.49	7	25.03	8	19
XXX.10	Lathikata	304.32	15	63,802	8	210	2	959	14	-3.52	16	72.79	6	5.37	15	33.19	9	21.43	11	32
XXX.11	Lephripara	409.97	7	64,681	7	158	8	992	5	21.01	1	56.52	13	12.36	4	38.13	5	27.02	3	22
XXX.12	Lohunipara	701.54	1	74,989	2	106	13	987	9	12.70	10	66.61	9	3.10	17	29.44	13	18.55	14	24
XXX.13	Nuagaon	391.75	8	80,129	1	204	3	991	6	12.93	7	64.66	10	7.42	9	30.42	11	19.30	12	25
XXX.14	Rajgangpur	375.42	9	65,804	6	175	6	992	5	4.43	14	85.58	1	5.46	14	28.59	14	18.56	13	24
XXX.15	Subdega	351.43	12	50,546	16	143	11	1.005	2	12.58	11	70.00	7	7.85	7	36.99	6	25.98	6	17
XXX.16	Sundargarh	359.31	10	56,971	10	158	8	989	8	18.85	5	50.63	15	13.52	3	42.83	1	29.86	2	17
XXX.17	Tangarpalli	254.82	16	51,462	15	201	4	1.001	3	12.78	9	50.48	16	14.74	1	38.68	4	26.99	4	16

Table VIII. 25 MOST DENSELY/LEAST DENSELY POPULATED BLOCK OF ORISSA
{Ranked according to density of population (per Sq. Km)}

MOST DENSELY POPULATED (HIGH DENSITY) BLOCKS				LEAST DENSELY POPULATED (LOW DENSITY) BLOCKS			
Rank	**Index No.**	**Name of the block with District**	**Particulars**	**Rank**	**Index No.**	**Name of the block with District**	**Particulars**
1	XII.09	Rasulpur (Jajpur)	810	1	XXVIII.09	Padampur (Rayagada)	48
2	VII.11	Nischintokoili (Cuttack)	772	2	XVII.10	Ramnaguda (Rayagada)	49
3.	VII.05	Cuttack (Cuttack)	750	3	X.01	Guma (Gajapati)	52
4	VII.12	Salepur (Cuttack)	685	4	X.06	Rayagada (Gajapati)	58
5	II.05	Bhograi (Balasore)	685	5	XX.04	Kudukulgumma (Malkangiri)	71
6	XXIII.05	Nayararh (Nayagarh)	680	6	XX.02	Khairput (Malkangiri)	81
7	XI.08	Hinjili (Ganjam)	679	7	X.04	Nuagada (Gajapati)	87
8	XI.06	Marshaghai (Kendrapada)	666	8	XXX.07	Koida (Sundargarh)	87
9	XIII.05	Dasarathpur (Jaipur)	659	9	XXX.05	Gurundia (Sundargarh)	88
10	XVII.02	Baliapatna (Khurda)	656	10	XIX.09	Lamtaput (Koraput)	89
11	XII.04	Jagatsingpur (Jagatsingpur)	652	11	XXIV.07	Papdahandi (Nawrangpur)	90
12	XVI.02	Derabis (Kendrapada)	636	12	XXVIII.07	Kolnara (Rayagada)	91
13	VII.10	Niali (Cuttack)	624	13	XX.07	Padia (Malkangiri)	93
14	II.03	Baliapal (Balasore)	623	14	XIX.04	Dasmanthpur (Koraput)	93
15	IV.06	Dhamnagar (Bhadrak)	608	15	XXV.08	Phringia(Phulbani)	94
16	VII.07	Kantapara (Cuttack)	607	16	XXV.03	Daringibadi (Phulbani)	95
17	II.04	Basta (Balasore)	605	17	X.07	R. Udaygiri (Gajapati)	95
18	XII.08	Tirtol (Jagatsingpur)	594	18	X.02	Kasinagar (Gajapati)	95
19	XII.07	Raghunathpur (Jagatsingpur)	590	19	XXV.06	Kothgarh (Phulbani)	99
20	XI.12	Kavisuryanagar (Ganjam)	589	20	XXV.09	Phulbani (Phulbani)	100
21	VII.04	Barang (Cuttack)	572	21	XXVII.08	Muniguda (Rayagada)	100
22	XII.02	Biridi (Jagatsingpur)	563	22	XXV.07	Nuagaon (Phulbani)	101
23	XI.21	Seragada (Ganjam)	558	23	XIX.01	Boipariguda (Sundargarh)	102
24	XII.06	Nuagaon (Jagatsingpur)	554	24	XXX.12	Lahunipara (Sundargarh)	106
25	XXVI.07	Pipili (Puri)	553	25	XX.05	Malkangiri (Malkangiri)	107

Table IX. 25 BLOCKS HAVING HIGHEST/LOWEST SEX-RATIO
(Ranked according to High/Low Sex-Ratio)

HIGH SEX-RATIO BLOCKS				LOW SEX-RATIO BLOCKS			
Rank	**Index No.**	**Name of the block with District**	**Particulars**	**Rank**	**Index No.**	**Name of the block with District**	**Particulars**
1	XVI.01	Ali (Kendrapada)	1097	1	IX.02	Dhenkanal (Dhenkanal)	924
2	X.01	Guma (Gajapati)	1088	2	III.03	Bargarh (Bargarh)	924
3	XI.02	Belaguntha (Ganjam)	1083	3	I.02	Atthmalick (Anugul)	926
4	XVI.07	Pattamundai (Kendrapada)	1082	4	I.08	Talcher (Anugul)	928
5	X.04	Nuagada (Gajpati)	1067	5	II.10	Remuna (Balasore)	931
6	XI.16	Polsara (Ganjam)	1066	6	XXIII.06	Nayagarh (Nayagarh)	934
7	XVI.08	Rajkanika (Kendrapada)	1064	7	VII.05	Cuttack (Cuttack)	937
8	XI.12	Kavisuryanagar (Ganjam)	1059	8	I.05	Kanika (Anugul)	938
9	X.06	Rayagada (Gajapati)	1055	9	XIII.10	Sukinda (Jajpur)	939
10	XXVII.01	Bisamcuttack (Rayagada)	1051	10	VII.13	Tangi-Chowdwar (Cuttack)	940
11	XI.04	Buguda (Ganjam)	1050	11	IV.02	Basudevpur (Bhadrak0	940
12	XI.17	Patrapur (Ganjam)	1046	12	XXIII.03	Gania (Nayagarh)	942
13	XI.14	Kodala (Ganjam)	1046	13	VII.09	Nargingipur (Cuttack)	947
14	XXV.03	Daringabadi (Philbani)	1046	14	VII.11	Nischintkoili (Cuttack)	949
15	XXVII.05	Kalyansingpur (Rayagada)	1044	15	VII.14	Tigiria (Cuttack)	950
16	XI.05	Chikiti (Ganjam)	1041	16	XXIII.04	Kendrapara (Nayagarh)	950
17	XIII.02	Bari (Jajpur)	1036	17	VII.01	Attagarh (Cuttack)	951
18	XXI.06	Bijatota (Mayurbhanj)	1033	18	XIV.05	Lakhanpur (Jharsuguda)	951
19	XI.01	Asika (Ganjam)	1033	19	XXIII.07	Nuagaon (Nayagarh)	951
20	XII.06	Nuagaon (Jagatsingpur)	1031	20	XXVI.01	Astaranaga (Puri)	952
21	XI.06	Chhatrapur (Ganjam)	1029	21	XXVIII.02	Dhankauda (Sambaipur)	952
22	XXV.04	G. Udaygiri (Phulbani)	1029	22	IX.03	Gondia (Dhenkanal)	952
23	XII.05	Dasrathpur (Jajpur)	1026	23	II.04	Basta (Balasore)	952
24	XV.09	Koksara (Kalahandi)	1025	24	VII.02	Baramba (Cuttack)	953
25	XI.10	Hinjili (Ganjam)	1025	25	xii.01	Barchana (Jajpur)	955

Table X. 25 BLOCKS HAVING HIGHEST/LOWEST GROWTH RATE
(Ranked according to High/Low Growth Rate)

HIGH GROWTH RATE BLOCKS				LOW GROWTH RATE BLOCKS			
Rank	**Index No.**	**Name of the block with District**	**Particulars**	**Rank**	**Index No.**	**Name of the block with District**	**Particulars**
1	XIX.01	Baipariguda (Koraput)	+51.03	1	XXVII.02	Chandrapur (Rayagada)	-10.29
2	XX.04	Kudmulguma (Malkangiri)	+48.31	2	XXVII.01	Bissam-cuttack (Rayagada)	-8.24
3	XX.05	Malkangiri (Malkangiri)	+47.76	3	XXX.06	Hemgiri (Sundargarh)	-6.20
4	XXIV.10	Umarkote (Nawrangpur)	+44.30	4	XVI.07	Pattamundai (Kendrapada)	-5.80
5	XX.01	Kalimela (Malkangiri)	+41.12	5	XXX.10	Lathikata (Sundargarh)	-3.52
6	XX.02	Khairput (Malkangiri)	+40.05	6	II.09	Oupada (Balasore)	-0.46
7	XIX.06	Koraput (Koraput)	+38.63	7	XXX.07	Kioda (Sundargarh)	+2.52
8	XXIV.03	Jharigaon (Nawrangpur)	+36.46	8	VI.03	Belpara (Bolangir)	+2.63
9	XXVII.11	Rayagada (Rayagada(	+35.70	9	XXX.14	Rajgangpur (Sundargarh)	+4.43
10	XXIV.08	Raighar (Nawragpur)	+33.59	10	X.05	Paralakhemundi (Gajapati)	+5.12
11	XIV.05	Lakhanpur (Jharsuguda)	+33.20	11	VII.02	Tileibani (Deogarh)	+6.25
12	XXV.08	Phiringia (Phulbani)	+32.88	12	XXVII.10	Ramnaguda (Rayagada)	+6068
13	XV.13	Thuamal-Rampur (Kalahandi)	+32.33	13	XIX.09	Lamtaput (Koraput)	+8.52
14	XXIV.04	Kosagumunda (Nawrangpur)	+31.22	14	XVII.03	Champua (Keonjhar)	+8.31
15	XVI.06	Marsaghai (Kendrapada)	+31.00	15	X.02	Kasinagar (Gajapati)	+8.36
16	II.03	Baliapal (Balasore)	+30.03	16	XXVII.03	Gudari (Rayagada)	+8.36
17	XXV.01	Baliguda (Phulbani)	+29.77	17	XX.07	Padia (Malkangiri)	+8.87
18	II.02	Balasore (Balasore)	+29.60	18	XXX.08	Kuasurmunda (Sundargarh)	+9.92
19	II.05	Bhograi (Balasore)	+28.51	19	XXVII.07	Kolnara (Rayagada)	+9.27
20	XV.04	Jayapatna (Kalahandi)	+27.69	20	VI.06	Khaprakhol (Bolangir)	+9.29
21	IV.02	Basudevpur (Sambalpur)	+27.59	21	XXV.04	G. Udaygiri (Phulbani)	+9.61
22	XXVIII.02	Dhankuda (Sambalpur)	+27.34	22	XXX.01	Balisankara (Sundargarh)	+9.79
23	XIX.08	Kundura (Koraput)	+26.24	23	XII.02	Biridi (Jagatsingpur)	+9.93
24	IX.06	Kankadahada (Dhenkanal)	+25.95	24	I.08	Talcher (Anugul)	+10.00
25	XIX.05	Jeypore (Koraput)	+25.70	25	XXVII.08	Muniguda (Rayagada)	+10.12

Table XI. 25 BLOCKS HAVING HIGHEST/LOWEST FEMALE LITERACY RATE (%)
(Ranked according to High/Low Female Literacy Rate)

HIGH FEMALE LITERACY RATE (%) BLOCKS				LOW FEMALE LITERACY RATE (%) BLOCKS			
Rank	**Index No.**	**Name of the block with District**	**Particulars**	**Rank**	**Index No.**	**Name of the block with Districk**	**Particulars**
1	XII.08	Tirtol (Jagatsingpur)	48.82	1	XIX.14	Similiguda (Koraput)	2.53
2	XII.04	Jagatsingpur (Jagatsingpur)	48.45	2	XXVII.11	Rayagada (Rayagada0	2.93
3	VII.05	Cuttack (Cuttack)	47.52	3	XXIV.04	Kosagumunda (Nawrangpur)	3.00
4	XVI.03	Gardapur (Kendrapada)	47.03	4	XV.13	Thuamal-Rampur (Kalahandi0	3.25
5	XII.07	Raghunathpur (Jagatsingpur)	46.45	5	XX.04	Kudmulguma (Malkangiri)	3.38
6	XII.05	Kunjanga (Jagatsingpur)	46.00	6	XXVII.06	Kasipur (Rayagada)	3.59
7	XVI.06	Marsaghai (Kendrapada)	45.99	7	XXIV.03	Jharigaon (Newrangpur)	3.60
8	XXVI.03	Delanga (Puri)	45.68	8	XIX.13	Pattangi (Koraput)	3.87
9	XVI.01	Ali (Kendrapara)	45.61	9	XXIV.01	Chandahandi (Nawrangpur)	3.92
10	XVI.08	Rajkanika (Kendrapada)	45.46	10	XXIV.06	Nawrangpur (Nawrangpur)	4.02
11	XXVI.11	Satyabadi (Puri)	44.68	11	XIX.01	Baipariguda (Koraput)	4.03
12	XVI.02	Derabis (Kendrapada)	44.64	12	XIX.04	Dasmanthpur (Koraput)	4.09
13	XII.02	Biridi (Jagatsingpur)	44.48	13	XXIV.02	Dabugaon (Nawrangpur)	4.52
14	XVIII.06	Bolgarh (Khurda)	44.36	14	XIX.11	Nandapur (Koraput)	4.54
15	VII.07	Kantapara (Cuttack)	44.36	15	XX.06	Mathili (Malkangiri)	5.02
16	XII.06	Nuagaon (Jagatsingpur)	44.27	16	XIX.07	Kotpad (Koraput)	5.04
17	XXVI.08	Nimapara (Puri)	44.19	17	XXIV.10	Umarkote (Nawrangpur)	5.12
18	XVI.04	Kendrapara (Kendrapada)	43.59	18	XIX.09	Lamptaput (Koraput)	5.32
19	XVIII.02	Balipatna (Khurda)	43.49	19	XX.02	Khairput (Malkangiri)	5.39
20	XVIII.09	Khurda (Khurda)	43.21	20	XIX.08	Khurda (Koraput)	5.43
21	XXVI.04	Gop (Puri)	43.17	21	XXVII.02	Chandrapur (Rayagada)	5.48
22	XII.01	Balikuda (Jagatsingpur)	42.99	22	XVII.02	Banspal (Keonjhar)	5.52
23	XIII.03	Binjharpur (Jajpur)	42.98	23	XIX.10	Laxmipur (Koraput)	5.70
24	XVIII.04	Begunia (Khurda)	42.80	24	XXIV.07	Papdahandi (Koraput)	5.74
25	XIII.05	Dasrathpur (Jajpur)	42.77	25	XIX.02	Bandhugaon (Koraput)	6.04

Table XII. 25 BLOCKS HAVING HIGHEST/LOWEST TRIBAL CONCENTRATION
(Ranked according to High/Low %age of Tribal Concentration)

HIGH %AGE TRIBAL CONCENTRATION BLOCKS				LOW %AGE TRIBAL CONCENTRATION BLOCKS			
Rank	**Index No.**	**Name of the block with District**	**Particulars**	**Rank**	**Index No.**	**Name of the block with Districk**	**Particulars**
1	XXX.14	Raghunathpur (Sundargarh)	85.58	1	XVI.08	Rajkanika (Kendrapada)	0
2	XIX.12	Narayanpatna (Koraput)	81.63	2	XXVI.01	Astaranga (Puri)	0.002
3	XXX.08	Kuanrmunda (Sundargarh)	79.44	3	XVI.07	Pattamundai (Kendrapada)	0.009
4	XVII.02	Banspal (Keonjhar)	79.28	4	XVI.01	Ali (Kendrapara)	0.01
5	XXX.13	Gurundia (Sundargarh)	79.06	5	XVI.03	Garadpur (Kendrapada)	0.01
6	XXI.13	Khunta (Mayurbhanj)	78.37	6	XVIII.02	Balipatna (Khurda)	0.01
7	X.06	Rayagada (Gajapati)	77.82	7	XXVI.08	Nimapara (Puri)	0.02
8	XIX.02	Bandhugaon (Koraput)	77.62	8	XXVI.06	Kanas (Puri)	0.04
9	XXI.06	Bijatola (Mayurbhanj)	76.24	9	VII.11	Nischintkoili (Cuttack)	0.06
10	XX.04	Kudmulgumma (Malkangiri)	76.06	10	XII.01	Balikuda (Jagatsingpur)	0.07
11	XXX.09	Kutra (Sundargarh)	75.74	11	XI.09	Ganjam (Ganjam)	0.09
12	XXI.09	Jamda (Mayurbhanj)	75.50	12	IV.02	Basudevpur (Bhadrak)	0.12
13	XXI.26	Udala (Mayurbhanj)	75.33	13	XXVI.07	Krushnaprasad (Puri)	0.13
14	XXI.25	Tiring (Mayurbhanj)	75.26	14	XVI.04	Kendrapara (Kendrapada)	0.14
15	XX.06	Mathili (Malkangiri)	75.00	15	XII.06	Nuagaon (Jagatsingpur)	0.16
16	XXVII.03	Gudari (Rayagada)	74.87	16	IV.07	Tihidi (Bhadrak)	0.17
17	XXX.07	Kioda (Sundargarh)	74.58	17	IV.05	Chandbali (Bhadrak)	0.18
18	X.04	Nuagada (Gajapati)	74.71	18	XI.18	Purushottampur (Ganjam)	0.22
19	XX.02	Khairput (Malkangiri)	73.00	19	XVI.02	Derabis (Kendrapada)	0.22
20	XXI.10	Thakurmunda (Mayurbhanj)	72.99	20	VII.10	Niali (Cuttack)	0.22
21	XXX.10	Lathikata (Sundargarh)	72.79	21	XII.08	Tirtol (Jagatsingpur)	0.22
22	XXI.03	Baripada (Mayurbhanj)	72.01	22	XI.10	Hinjili (Ganjam)	0.23
23	X.01	Guma (Gajapati)	71.36	23	XI.19	Rangeiluda (Ganjam)	0.24
24	XIX.13	Pattangi (Koraput)	71.16	24	XVI.06	Marsaghai (Kendrapada)	0.25
25	XXVII.14	Gunpur (Rayagada)	70.98	25	XVII.04	Gop (Puri)	0.26

IV. TRIBAL HEALTH IN ORISSA

About half the total population of the world's indigenous people (often referred to as tribal groups/ scheduled tribes) live in India. Orissa occupies a unique place in the tribal map of India for having the largest number of tribal communities (62) with a population of over 7 million constituting 22.21% of state's total population. With 10.84% of country's tribal population (67.76 million) the state ranks second in terms of tribal concentration.

Interestingly enough, even today when you ask anybody to close their eyes and think of an average tribal person in the native habitat, the image which emerges in their mind is most likely of a healthy, strong, carefree man with flute on his lips and of a women, with flowers in her hair, dancing happily on the wild beats of the drum. This stereo-type of a tribal held by most of us, alas, is a hollow romantic myth. The sad part of the story is, most of the tribal communities of our country/state, even after four & half decades of independence deceived by the mirage of political promises and by passed by modernization and development to be overwhelming illiterate and poor. They are still continuing to live not only in a state of material poverty, but also powerless, without support of traditional social stricture & suffering from discrimination/exploitation from members of dominant society. Then, how can a tribal be healthy or even happy amidst such overwhelming poverty ? The answer to the question is a big "NO" - he can never be healthy nor be happy under the existing situation. A tribal, like anyone else in the world cannot be healthy living in poverty, ignorance and starvation (semi-starvation ?). Despite these, if he seems to be happy to others, or to himself, there must be something very wrong in the definition of happiness itself.

Now it is becoming increasingly clear, that in Orissa, inequalities continue to persist and the benefits of health development is not percolating uniformly to all sections of population. The striking difference in different health status between disadvantaged/unprivileged communities is directly linked with factors such as low wages, low income, lack of access to opportunities and facilities such as clean drinking water, education & health services. These links are more pronounced and more evident when we consider especially oppressed groups such as Tribals (in fact "tribal" people tend to be isolated even from conventional poor), who have for historical reasons remained socially & economically backward and till now who are for geographical, social, educational, political or economic reasons, least able to take initiate in seeking and using health care.

Against this backdrop, we thought it would be worthwhile to devote a separate section on the crucial issue of Tribal Health, which distinctly stands out as one of the most poignant aspects of Health scenario in Orissa and hence this special section.

Health Status of the Tribals

While there is a broad understanding of health and nutrition problems of the general population particularly of urban & rural communities of Orissa, such information on tribal population is meagre. Studies pertaining to health and nutrition status among different tribal groups of Orissa are very few, very patchy/scanty and often completely lacking. However, there is general agreement that the health and nutritional status of tribal people in Orissa is very poor. In spite of paucity of studies, whatever studies are there, they try to establish this with the help of morbidity and mortality statistics. Through the exact estimates on vital indices in tribal population of our state are not available/known, it appears that the infant mortality rate and maternal mortality rate among these group of people are also comparatively greater than the non-tribal population. The wide spread poverty, illiteracy, malnutrition, hostile environment, absence of sanitary living conditions, ignorance of the causes of diseases, lack of health services or inability to seek and use them have traced out in several studies as possible contributing factors for the deplorable conditions prevailing among the tribal groups.

The overall health status of the tribal community is the outcome of several interacting factors such as :

- effects of environment in which the tribals inhabit
- behavioural pattern and life style of the tribals
- health care delivery services (in tribal areas/constraints in accepting modern health care) and;
- hereditary and genetic determinants

All these above mentioned sub-systems make up the health status of the tribals. Therefore, the health and nutrition problems of the vast population of Orissa are as varied as the tribal groups themselves and health problems and health status of all tribal groups are not of the same type. Different tribal groups of Orissa are characterised by their individual socio-cultural, socio-biological and socio-economic attribute and in a strict sense they are distinct biological isolates. The health of these tribal population is as such a function of the interaction between socio-cultural socio-biological practices, the genetic attributes and the environmental conditions. In this context, proper knowledge of the tribal setting of orissa becomes an essential prerequisite for understanding the health and nutrition problems of the tribes in a holistic perspective.

Tribal Settings of Orissa

According to the 1991 census, the Scheduled Tribe population in Orissa was 70,32,214, i.e.; 22.21 percent of the total population of the state. There are 62 different tribal communities in the State each differing from the one in culture language and economic condition.

Generally speaking the Proto-Australoid type is the dominant element among the tribes of Orissa. Agglutinogen tests made on a few tribal groups in the Southern and Central India show that these seems to be marked preponderance of the "A" blood group among the tribals of Southern India. But such tests of Central India of which the tribes of Orissa form an integral part show a considerable preponderance of B over A.

Regions of Tribal Concentration in different Geo-Physical Zones of Orissa

Broadly, there are 4 distinct geo-physical zones in which the tribes of Orissa have been distributed in uneven proportions:

- The Northern Plateau
- The Central Table Land
- The Eastern Ghat Region
- The Coastal Region

The Northern Plateau

It includes Sundargarh, Mayurbhanj and Keonjhar districts and Bamra and Kuchinda portions of Sambalpur district and interior plains of Balasore district and Pallahara region of Angul District. In this zone, there are over 50 tribal groups numbering about 30 lakh people.

In this Zone there are 9 major tribes such as the Santal, the Kolha, the Munda, the Bhuinya, the Oraon, the Gond, the Kisan, the Bathudi and the Bhumij numbering more than one lakh each and there are five primitive tribes such as the Hill or "Pauri" Bhuinya, the Juang, the Hill Kharia, the Mankidia and the Lodha only a few thousands.

The Central Table Land

This Zone covers the whole of the Bramhani and the Mahanadi basins. There are only two major tribes, the Gond and the Sabara, numbering each more than one lakh.

In this zone, there are about 40 tribal numbering about 10 lakhs.

The Eastern Ghat Region

The peninsular plateaus are bordered on the east by the Eastern Ghats, a tectonic rains cut by many rivers into discontinuous blocks of mountains. Broadly it is divided into 5 sections.

✦ *Northern Section*

It starts from Nilgiri (Balasore district) and stretches upto Boudh border raising to a height of 2239 feet. No tribe of this zone touches one lakh mark. But the Khond and the Sabar are most numerous in this Zone.

✦ *Central Section*

The Central section of the Eastern Ghats covers Boudh, Balliguda, G udaygiri areas. The hills of this section are very high ranging in height from 1000 feet to 4000 feet. The Khond population is over 3 lakh in this section. This zone can be called the Khond zone.

✦ *Rayagada Section*

This section comprises Parlakhemundi and Rayagada hill areas with an elevation of 1000 feet. These areas are inhabited by as many as 42 tribal communities and of them the Khond and the Saora are most numerous.

✦ *South-Eastern Section*

Based on elevation, this section is further divided into three plateaus :

3000 feet Plateau

It covers Koraput and Pottangi areas and have been the home of as many as 33 tribal communities and of them the Khond, the Paroja and the Gadaba are most numerous.

2000 feet Plateau

It covers Jeypore (sub-division of Koraput district) and Nawrangpur district. The major tribes inhabiting this zone is Bhottada whose population is above one lakh.

1000 feet Plateau

It comprises of Malkangiri district. This is inhabited by many tribal communities and of them the Koya and the Bhuinya are most numerous. This is the area where the Bonda and Didayi live. The Bonda highlanders are considered very primitive and have been attracting the attention of the graphers and anthropologists since the later part of the 19th century.

✦ *South Western Section*

This section comprises the (a) Plain country and (b) the Dongar (a plateau of 2000 feet to 3000 feet high) of Kalahandi district. The Dongar portion includes Lanjigarh and Thuamul-Rampur areas, inhabited mostly by the Khonds who are very primitive. The Khond and the Gond are each above one lakh population.

The Coastal Region

The tribes of the coastal belt are in close contact with their Hindu neighbours and in various stages of acculturation and assimilation.

Tribals at various stages of development

The Tribal Panorama of Orissa presents a Kaleidoscopic mosaic of various ethnic and cultural strands and they are at various levels of development- economic, social and cultural. Among them there are a few communities who still depend primarily on hunting and food gathering as primary source of their livelihood. The Birhor's who are locally known as Mankidia's of northern districts of Orissa belong to this category. They lead a nomadic style of life and make ropes of various types out of backs of trees which are collected from nearby forests. They dispose of the forest produce and animals hunted by them in nearby villages in exchange for cash with which they buy rice and other food-stuffs and also their clothes and other domestic things grown the weekly markets. These hunters are, therefore, not in isolation as those living in Andaman Islands. Such a symbolic relationship between the Birhor's and the local peasants has made their economic life mutually supportive without bringing about any change in the socio-cultural life of the Birhor's.

A sizable tribal population is still at the pre-agricultural level of technology. The tribes or the sections of the tribes which fall to this category are the Bonda's, the Kutia and the Dongria sections of the Kondh's, the Saora's, the Juang's and the Bhuinya's. These tribal communities practise slash and burn type of cultivation in the hill slopes extensively in their respective areas of habitation and stick to this form of agriculture with great tenacity and doggedness.

Many tribal people have come from their original places of abodes located in the hill areas and settled down in the plains. These tribal communities in some places have taken to cultivation of land for raising food crops on a permanent basis and in some other areas have employed in mining and industrial set-up as unskilled labourers. This change from the hoe technology to the plough or the wheel technology has come out when the former provide less productive, making it difficult to live..With the change in economic pursuit many tribal communities have come closer to the peasants including local artisans and have started adopting a superior technology of the former communities. These tribal communities which have become agriculturists and artisan castes have formed a new economic relationship with other constituents of the local caste system. Though, some of these tribal communities have, however, managed to retain caste system. Though, some of these tribal communities have, however, managed to retain their separate tribal identity but most of them have become a part of the caste system characteristic of the Hindu social order.

Tribal Demography

According to the 1991 census, the scheduled tribe population in Orissa is 70,32,214 i.e.; 22.21 percent of the total population of the state. There are 62 different tribal communities in the state, each differing from the other in culture, language and economic condition. Again, not all areas of the state show tribal communities in equal concentration. The distribution of scheduled tribe population over the 30 districts of the stage is greatly uneven.

Table XIII. TRIBAL DEMOGRAPHY

Sl No.	*Name of the Districts*	*Tribal Percentage*	*Total Tribal Popn.*
1	Mayurbhanj	57.87	1090626
2	Malkangiri	57.67	246799
3	Nawrangpur	55.26	467919
4	Rayagada	54.99	401501
5	Sundargarh	50.74	281359
6	Koraput	50.35	798481
7	Phulbani	50.13	519719
8	Gajapati	47.86	217538
9	Keonjhar	44.51	595184
10	Sambalpur	42.11	134206
11	Deogarh	41.88	74506
12	Jharsuguda	36.48	255582
13	Nawapara	32.82	194476
14	Kalahandi	29.04	328448
15	Bolangir	22.04	271677
16	Bargarh	16.98	147774
17	Dhenkanal	13.66	120226
18	Boudh	13.51	11022
19	Anugul	12.34	116520
20	Balasore	11.52	181941
21	Sonepur	9.50	145286
22	Jajpur	7.41	102741
23	Nayagarh	5.81	46624
24	Khurda	5.13	77242
25	Cuttack	3.49	69437
26	Ganjam	3.16	79120
27	Bhadrak	1.60	18805
28	Jagatsingpur	0.61	6157
29	Kendrapara	0.40	4534
30	Puri	0.23	3016

As seen from the table from the previous page, there is heavy concentration of tribal population mainly in the districts of Mayurbhanj, Malkangiri, Nawrangpur, Rayagada, Phulbani (Kondhmal), Sundargarh, Koraput, Gajapati and Keonjhar.

On the basis of percentage of tribal population to total population of the district, Mayurbhanj (57.87%) is at the top of the list and Puri (0.23%) is at the bottom. There are seven districts which have more than 50% ST population, the districts are : Mayurbhanj (57.87%), Nawrangpur (55.26%), Rayagada (54.99%), Sundargarh (50.74%), Koraput (50.35%) and Phulbani (50.13%). In the districts of Gajapati and Keonjhar the concentration is 47.86% and 44.51% respectively. The districts where the ST percentage is less than 1% are Puri (0.23%), Kendrapara (0.40%) and Jagatsingpur (0.61%), Bhadrak (1.69%), Ganjam (3.16%) and Cuttack (3.49%).

Tribal Society and Culture

Tribal communities of Orissa cannot be lumped together as one homogenous mass - they are different in their language and size, distinct socio-cultural differences.

The tribes of orissa may be divided into two main language groups - the Dravidian language and the Austric language or Proto-Munda language group. The Dravidian language are Kui and Kuvi spoken respectively by Khond of Phulbani district and Koraput district, kurukh spoken by Oraon's and Kisan's of Sundargarh districts. The Gond's used to speak the Dravidian language but most of them have forgotten their mother-tongue and have adopted Oriya and other local languages.

The Proto-Munda language has two branches - south Munda and North Munda. The languages which fall to the South Munda group are Remo spoken by the Speakers of other Austric languages falling to the Munda group are the Bhumij, the Kharia, the Juang, the Munda, the Ho and the Santal.

Tribal villages are generally small. Both scattered and agglomerate settlement patterns are found in the tribal areas. In each village, there is a well-knit political organisation with a hereditary secular headman, a religious headman and host of other village officials who decide inter personal disputes and settle matters concerning development of their villages.

The tribal village is as much cohesive socially as it is politically. Reciprocity and mutuality of obligations particularly in economic activities is a characteristic feature of tribal communities. The tribal people believe in many gods and goddesses who are worshipped on various ritual occasions. Every economic activity is associated with a ritual occasion which is celebrated in the midst of great rejoicing and in accompaniment of dance and music. Generally the religion of tribal people is animistic. Among some tribal communities like the Juang's and the Bhuinya's institutions of bachelor's and maiden's dormitories are present. The Mandaghar which is the bachelor's dormitories found among the Juang's is a strongly built house with a dancing arena in front. The Juang boys and girls spend the night in dancing at the Mandaghar. Village elders assemble at this place and discuss matters concerning welfare of their village. Guests and visitors are given place in this house for stay during their visit to the village. Such indigenous recreational centres which serve many useful purposes are undergoing disintegration in the present time as a result of the impact of modernisation.

Numerically the tribal communities vary from one another. Some are very small and some other are very large in number. The distribution of tribal communities according to population ranges including principal sources of their income and literacy level has been annexed in a tabular form. There are 15 tribal communities numbering each more than one lakh population and they are referred to as "the numerically major tribes of Orissa", and Kondh tribe is at the top of the list followed by the Gond, the Santal and the Saora respectively.

While some of the tribal communities are homogenous, others like the Kondh, the Bhuinya, the Kharia's and the Saora who comprise a number of smaller sub-groups (sub-tribes) some of which, for all practical purposes, may be distinct communities except for genetic name. The sub-groups of the Kondh's are Dongria and the Kutia. The Bhuinya's are the plain Bhuinya's and the Pauri Bhuinya's, the sub-sections of the Kharia are the Hill Kharia and Dhun Kharia, and sections of the Saora's are the Langia, Arsi, etc.

The tribal communities of Orissa show remarkable differences in settlement pattern. Forms of houses, social organisation and religious beliefs and practices. They live mostly in nucleus families tied together with strong kinship relationship. Paternity is most common from of social organisation and marriage which is both monogamous and polygamous types is governed by rules of clan organisation. Payment of bride-price is most common among all tribal communities.

As mentioned earlier, through there are altogether 62 different tribal communities in the state considering some of the common/general features of their (i) eco-system, (ii) economy and (iii) recent "Impact of the so-called modernisation/civilisation", the tribes of Orissa can be classified broadly into three types :

1. The tribes which are in a sense isolated, untouched by the so-called "civilization" living in remote forest areas and are more or less unaffected by the development process going on the rest of the state. The tribes which fall under this category are the Hill Kharia, the Mankidi, the Mankirdia and the Birhor, who live in the remote forests of Mayurbhanj,

Keonjhar and some parts of Sundargarh district, and depend mostly/exclusively on forest resources for their livelihood by practising hunting, gathering and collecting. They live in tiny temporary huts made out of the materials found in the forest. Under constraints of their economic pursuit they live in isolated bands or groups and with their primitive technology and limited skill, their entire style of life revolves round the forest.

2. The tribes which have maintained their own identity and seclusion, even in the face of extensive deforestation, displacement from their original habitat and erosion of their resource base (due to exploitation of forest resources, irrigation and other developmental projects, mineral exploitation etc.). Most of the tribes (viz., Juang and Pauri Bhuinya in Northern Orissa, Kondh (Kutia, Dongria), Saora (Langia, Koya and parenga, Didayi, Bonda in Southern Orissa) belonging to this group practice hill and shifting (Podu) cultivation.

3. The tribes which have come in contact with external civilisation, mingling with non-tribals, utilised for labour. In the process, the combination of their own native and social customs together with the exploitativeness of the urban and rural people, has resulted in altogether different patterns of health problems. Sizable agglomeration of tribal population of Orissa has moved to mining, industrial urban areas for earning a secured living through wage-labour. During the last few decades the process of industrial urbanisation in the tribal belt of Orissa has been accelerated through the operation of mines and establishment of industries. Mostly persons from advanced/large tribal communities (who were and some of whom still are basically settled agriculturists), such as Santal, Munda, Ho, Oraon, Kisan, Gond, etc., have taken to this economic pursuit in order to relieve pressure from their limited land and other resources.

The relevance of the above classification for planning and implementation of health and related programmes is shown by the following characteristics of these three different situations/settings.

The isolated remote tribes living in thick impenetrable forests show the following characteristics and need appropriate actions. Owing to their extreme remoteness, health infrastructure is very poor. People have to travel 10-20 kms to reach a health centre. The closed tribal culture and tradition, total unawareness of availability of health/medical services, the remoteness of their habitation for health workers to reach out, deficient transportation/travel budgets for PHCs, lack of proper roads etc. have resulted in almost no or very little contact of these tribals with the personnel of the existing health care delivery services. On the positive side are, their access to more or less good/satisfactory nutrition from forest based resources (though if late even the rich forest resources of these remote areas have also began to deplete), access to medicinal herbs and plants for practising their own medicine. The major health problems faced by the tribals of this group include mostly, the communicable diseases - malaria, diarrhoeal disease, scabies and leprosy and in some packets even causes including tetanus and lack of medical care during child-birth and childhood illness, are observed among them.

These high death rates are by and large balanced by the high birth rates. Thus, most of these tribes are either static in population growth or even dwindling in number. The severe problem malnutrition (particularly PEM) which is common among the two categories is not very prominent in this group.

The tribes exposed to the adverse effects of civilization in the form of erosion of their forest resource base and adverse effects of mining and some developmental projects like irrigation etc., but still retaining their cultural identity, show different pattern of problems. Owing to lack of access to forest produce like honey, wild roots and tubers, ban on shifting cultivation enforced by forest and law & other officials,

deforestation by the government forest corporation as well as other private vested interests, disappearance of medical herbs/plants/trees on which they relied for their remedies, lack of formal ownership documents of land or pattas, ignorance of the law, prohibition of hunting even small game (it is another matter whether wild games are available or not in the process of ever depleting forest resources) have led to very high incidence of malnutrition among all age groups, and particularly among the women and children, high incidence of communicable diseases because of lack of adequate coverage by health care services, in spite of some degree of availability of health infrastructure and lack of adequate staff in these health centres (PHCs and Sub-Centres) due to willingness of staff to be posted there. Other aspects such as high infant mortality and maternal mortality afflict the group and in some of the tribes belonging to this category in some specific pockets, the infant mortality (particularly the neo-natal mortality) and even adult mortality is high enough to outstrip tribes which are actually dewinding.

Health Status

Based on the findings reported by various research workers (both published and unpublished) and also on author's earlier field work experience in the area of Tribal Health (in different tribal pockets of Orissa) spanning over last one and half decade, the following observations on the health status of tribals have been made.

The health status and the nature of health problems of the tribes of Orissa are largely determined by two sets of factors.

1. **1st Set :** Health problems common to all categories (3 categories) of tribes.
2. **2nd Set :** Health Profiles/problems typical of each tribal category (situation/setting-wise); specifically:

- Health problems of remote tribal forest dwellers (self-contained in forest base);
- Health problem of forest dwelling secluded but forest resource eroded (living under deforested conditions/denied access to land forest based resource); and
- Health problems of the so called "acculturised' tribals coming in close social contact with non-tribals living on the substratum of the developing civilization around them influenced by civilized tribal identity, but mixing.

1. Health problems Common to all Categories of Tribes

The first set of factors include those which are common to most of the tribal population irrespective of the influence of isolation from the developmental process going on around them. These factors include:

- **Marked lack of Health & Medical Services:** In spite of provisions for greatly expanded health infrastructure in tribal areas (one sub-centre for every 3000 population and one PHC for every 20,000 population), the actual establishment of health infrastructure has been very inadequate and even wherever those are established, staff are not in position, or they do not travel to interior forest areas to spread awareness of health services or provide them. There is a conspicuous lack of maternal and child health services and consequently the tribal demographic scenario is one of high fertility, high maternal mortality and high infant mortality rate. Mortality and morbidity from other preventable and easily treatable diseases is also very high.

- **Genetic Diseases/Disorders:** Most of the tribals of Orissa have a gene-pool that is relatively unmixed with other non-tribal population. High degree of inbreeding among some of the tribal groups results in relatively high prevalence of genetically inherited diseases. It can be postulated that different genetic background may have some effect on the body constitution and responses to various disease agents. At least two genetic diseases/disorders are known to be common among the tribals. They are : Sickle Cell Trait and Glucose-6-Phosphate Dehydrogenase (G-6-PD) deficiency.

- Most of the tribes studied by the author and many other Anthropologists/Medical Sciences appear to have a few common practices regarding maternal and child care. Expectant mothers are expected to restrict their diet in quantity as there is a common fear that if the baby is too large, delivery would be difficult and might lead to death of the mother. Even in terms of quality, many of the nutritious, particularly protein rich foods are not permitted, with the result that cultural taboos result in greater maternal malnutrition and anaemia than what is necessitated by the circumstances.

- Among most of the tribes, gastrointestinal disorders particularly dysentery and parasitic infestations are very common leading to marked morbidity and malnutrition. Malnutrition among women and children due to this problem is common even among tribes with adequate nutrient intake.

- **Accidents & Trauma :** Tribals live in a physical environment which is full of accidents and traumas. Fall from tree or hills, violent fights, ecounters with wild animals, burns while sleeping near the fire on a cold night are common causes, Traumatic illness are far more common in the tribal areas than urban/ rural areas.

- **Infections/Communicable disease :** The most important parameters affecting transmission of infections from one human being to another are:
    - the closeness of contact; and
    - the size of human settlement

  As we know the general characteristics of tribal societies are :

    - Lower population density
    - Small settlements (even small hamlets, padas)
    - Comparatively/relatively, short range of individual movements
    - Comparatively/relatively greater settlement isolation from the outside world
    - More contact with fewer people

Most of the tribal communities still live in settlements of less than 500 population (general 200-300) The inter-human contact within the community is intense so that all the community shares the microbial flora and infections. But as the contacts between the settlements and with outsiders is much less, the import of epidemics from outside is common. In such situations whether an infection will be common in the tribal community or not depends on two characteristics of the infecting organism.

- Whether it has *an extra-human host or not ?*
- Whether its *infectious period is short or long ?*

Infections like measles which survive only in human beings which have a short infectious period during which the virus is emitted out of the body, need a large human settlement size to service in that community throughout the year. The estimated population size is between two lakh to ten lakh. In a small settlement, the virus, after infecting everybody, dies down because the susceptible hosts are no more available. As against this, an infection like Varicella which causes Chickenpox but which lingers in human body for years, can survive and continue to infect new individuals as they are born in a settlement size as small as 400.

Thus, it is obvious that the acute infections without an extra human host cannot service in the tribal areas, where the size of settlement is small. They may appear occasionally if the infection is imported from outside but persistence within the settlement is not possible. On the other hand chronic infections (tuberculosis, leprosy, yews, helminths, STD/Syphilis) or infections which have extra-human hosts (Malaria, Kala-azar etc.) shall continue to plague the tribal community.

2. Health Profiles Typical of Each Tribal Category (situation/setting-wise)

The second set of factors influencing health and nutrition of the tribal people relates to the local situations which can be broadly categorised into three categories as indicated earlier. Thus, the tribals living in remote forest settings with their own self contained economy, living on the forest resources and experienced little or no change, through the centuries till date, have different type of health profile and problems, the tribals still retaining their own independent identity and culture, not mixing with the non-tribals, but themselves severely affected by the developmental and deforesting processes going on round them, have a distinct type of health and nutrition profile and problems, the tribals, who mingle with the non-tribals, living on the substratum on the developing non-tribal society and influenced by them tend to have different type of health profile and needs. In the following paragraphs the major health profile and needs. In the following paragraphs the major health characteristics of these three categories of tribals, together with illustrative example are outlined. This categorisation could provide some initial guideline for administrators and voluntary organisations to plan health programmes with appropriate stress on particular programmes for a particular area.

Group-I : Health Problems of Remote Tribal Forest Dwellers

This category of tribes living in remote forests largely unaffected by the developmental process going on in the state, unaffected by the forest laws, is mostly found in the dense inaccessible areas of Mayurbhanj, Keonjhar and some parts of Sundargarh and other pockets in the districts of Phulbani and Koraput.

In most of these areas, the major health problems are diarrhoea, dysentery, skin disease, respiratory diseases and malaria. Malaria is also a major problem among most of these tribes. Scabies is particularly common among most of these tribes due to lack of awareness of hygiene.

As mentioned earlier, these forest dwelling, remote tribes are relatively better off when it comes to nutrition, as compared with the other two categories. Adult nutrition is fairly good owing to access to the forest resources and animal, and also owing to their dependence on millets rather than refined cereals for their staple food. The cause of minor malnutrition among this group is worm infestation, dysentery, diarrhoea, and not, deficient intake. Thus among these groups, the strategy for combating malnutrition should be one of health education and mass deworming, and not so much of supplementary nutrition and such other welfare programmes. In most of these tribes, however, seasonal malnutrition is often found.

Next to infectious and parasitic diseases, comes respiratory diseases particularly pneumonia followed by the next category accidents, poisoning and violence including falls from trees poisonous bites etc. The risk of respiratory diseases among the forest dwelling tribes is due to the practice of lighting fires at night for warmth in ill-ventilated huts. Burns, trivial, serious, or even fatal, are another hazards due to their practice of sleeping close to open fires.

Thus in this group the major nutritional problems could be summarized as - mild caloric undernourishment of adult males from time to time, no protein malnutrition among adult males, almost nil or low prevalence of Vitamin-A, C or B-Complex deficiencies, undernourishment of mothers with anaemic due to food taboos, protein energy under-nutrition and few cases of Vitamin deficiencies of children due to general lack of awareness of child care and infant feeding practices.

Group-II : Forest living tribals either living under deforested conditions or denied access to land and forest based resources.

These tribals are under acute distress because of their strong tribal identity and livelihood skills purely rooted in food-gathering, hunting, shifting cultivation, collection and barter of minor forest produce & traditional healing with forest herbs.

These tribal groups have been displaced overnight (by dams, mines and similar national developmental activities) or they have been deprived of their traditional rights over the forest resources, overnight by forest laws and regulations,

resulting in a vacuum, as far as livelihood, cultivable land and nutrition are concerned. The health profiles shows a major shift from the first group. For the first time isolated nutrient deficiencies can be observed. Protein calorie malnutrition is markedly present due to lack of food, sometimes for days together. In some areas where tribals are totally denied access even for gathering of berries and leaves, Vitamin-A and Vitamin-C deficiency has come up. Otherwise, isolated Vitamin-A and C deficiencies are not common. Since these tribals retain their millet-eating habits, B-complex deficiencies are uncommon, as also problems such as appendicitis. The major causes of morbidity are : Malaria, gastro-intestinal disorders, Acute Respiratory Infections, Tuberculosis, Leprosy, Accidents in that order.

Group-III : Tribals coming in close social contact with non-tribals living on the substratum of the developing civilization around them

The health problem of these tribals include not only the conventional problems of gastrointestinal diseases, skin diseases and maternal and child health problems, but added to these are the adverse influences of coming in contact with civilization.

The health problems common to most of the tribes belonging to this category (arising as a result of their situation) are as follows:

Change of dietary habits from a composite balanced diet to a cereal based diet due to a change from food gathering to buying from the market. Thus, many of the tribes working in close contact with the non-tribals such as the Santal's, Munda, Oraon's, Ho's and Gond's have picked up from the non-tribals, the rice-eating habits and completely given up millets, and have switches over completely to rice based diet.

Thus, many of better off tribals among them who are working in mining or in industries may not show calorie under-nutrition, but B-complex deficiencies such as peripheral neuritis, glossitis and angular stomatitis is very common. Protein deficiency is very common among tribes of this category. Also among these tribes prevalence of Vitamin-A and Vitamin C deficiency in frequent.

Another major problem of this category is venereal diseases. The tribal culture of relatively free association between the sexes has been compounded by exploitative practices of some non-tribals. As a result of this, venereal diseases has been introduced into some of the tribal population when they come in close contact with non-tribals, particularly near cities and towns, and conditions are favourable for spreading rapidly.

A major problem among them which compounds the problems of malnutrition and venereal diseases and makes these problems worse is alcoholism. Almost all tribals who live in the substratum of the mainstream economy become alcoholics as a result of interaction of several complex factors. The centuries old tribal culture is one of community drinking of mild home-brewed intoxicants on occasion as a social tradition. The sudden availability of hard liquor on a commercial basis (prompted by greedy non-tribal exploiters), hopeless situation of the tribals alienated from the land, hard labour required to be done even for the most meagre wages, and total ignorance of the bad effects of heavy drinking on their health, all these have combined to make alcoholism the worst problem among them.

Table XIV. **TRIBES OF ORISSA AT A GLANCE**

1	Scheduled Tribe Population	:	7032214
2	Sex-Ratio among Scheduled Tribes (Females per 1000 males)	:	1002
3	% of Scheduled Tribe Population to total population	:	22.21
4	Scheduled Tribe Growth Rate (1987-91)	:	18.89
5.	Scheduled Tribe Literacy Rate (1991 Census)	:	Total : 13.96 Male : 23.27 Female : 4.76
6	No. Of Scheduled Tribe Communities in the State (Types/Varieties)	:	62
7	Distribution of Scheduled Tribe Communities (Number wise) by Population range	:	> 1 Lakh : 15 < 1 Lakh & > 10,000 : 18 < 10,000 & > 1,000 : 23 < 1,000 & > 100 : 5 <100 & > 1 : 1
8	Names of Numerically major tribes	:	Kondh, Gond, Santal, Saora, Kolha, (> 1 Lakh) Sabar, Munda, Paroja, hottada, Bhuinya, Kisan, Oraon, Bhumij, Bhatuda & Kharia
9	Primitive Tribes (12 Numbers)	:	Birhor, Didayi, Mankidia, Lodha, Bondo, Dongria-Kondh, Kutia-ondh, Langia-Kondh, Pauri-Kondh, Saora, Bhuinya, Saora, Kharia, Juang.

Table XV. MAJOR HEALTH PROBLEMS OF ORISSA - AT A GLANCE

Generally Prevalent:
- *Communicable diseases/ Infections diseases - Malaria, TB etc.
- *Gastro-intestinal disorders - diarrhoeal diseases, dysentery
- *Parasitic Infections
- *Acute Respiratory Infections
- *Inbreeding resulting in genetic disorders

Remote, Self contained in Forest Base (First Category)	*Forest Duelling Selected but Forest Resource eroded Outlawed Tribals*	*Tribal Identity, but Mixing and influenced by civilisation (Third Category) (Second Category)*
1	*2*	*3*
Vitamin A deficiency uncommon due to intake of green leafy and other products	Vitamin A deficiency frequent due to lack of forest resources of leafy vegetables	Major malnutrition is Vitamin A and B complex
B complex deficiency uncommon	Food still millet based so Vitamin B Deficiency less marked	Habits of rice eating without other balanced diet. Millet habit disappeared. No concept of vegetable or fruit, only to fill the stomach with rice
Protein malnutrition uncommon. Caloric under nutrition sometimes only seasonal but better than other groups	Caloric and Protein under nutrition is marked	Protein calories malnutrition. (Calorie malnutrition may or may not be present but protein undernourishment more marked
Poor hygiene - Scabies, diarrhoeal diseases more, leprosy in some pockets	Other communicable diseases are found as in all tribes	Alcoholism with disruption of social structure liver diseases, Vitamin B deficiency, poor maternal and child health
Major cause of mortality & death, respiratory diseases due to indoor fires; infectious diseases including malaria, TB.	Morbidity and causes of death tends to be more due to diseases rather than Accidents, poisoning, violence group	Venereal diseases (STD viz., Syphilis) - high incidence
Accidents, poisoning, violence & burns	TB more common. Pneumonia due to smoke of indoor fires	
Genetic disorders - Sickle cell disease	Genetic disorders, Sickle cell anaemia	Peptic ulcers, gastro-intestinal malignancy, and G-6-PD deficiency among Kutia Kondh hypertension, oral cancers
Yaws in parts of Keonjhar and Koraput		

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NSS SPECIAL REPORT

Micro studies on tribal health carried out in few selected villages are usually not amenable to wider generations. The decennial population census is one of the main sources of information on a few demographic and occupational aspects of tribal population's. National sample survey (NSS) also covers tribal population's as a part of general population in its regular household survey and provides estimates of some key characteristics of relevant subject of query separately for tribal population's as a whole. Besides, NSS carries out few special surveys. The present report no. 378 based on one such survey on living conditions of some major tribes of India, on which we have laid our hands on (yet to be finally published) and is the second of the series on "Tribal survey" conducted in the NSS 44th round (July 1988 - June 1989). The report, besides, presenting a fairly good national / state level estimates on living conditions of tribal population's as a whole, it attempts to provide the profile of living conditions of some selected major tribes.

From this report, we have tried to use only such data which direct relevance to tribal health viz; data on demographic characteristics like average household size, sex - ratio and age - sex composition (major tribe-wise), which is of vital importance, as this characteristic reflects as well as influences not only the living conditions but the health status of the population.

We have also tried to use liberally data relating to health particulars viz; %age of persons falling / reporting sick, %age of sick persons treated by source / nature of treatment including (indigenous / traditional tribal methods of treatment by herbs / animal based medicines.

Some important demographic characteristic of 5 selected major tribes of Orissa is presented graphically. According to this survey the average size of tribal household (4.65) is smaller than that of a general household (5.14) of rural Orissa. As regards variation in one household size among 5 major tribes of Orissa, the highest is amongst the Kondh's (4.87) and the lowest amongst Saora (4.05). The sex-ratio of tribal population is found to be somewhat more favourable to females compared to that of general population. As far as the variations in sex-ratio among 5 major tribes are concerned, excepting Kohl (984) and (996), in rest of the three tribal groups females outnumbered males (Gond-1058, Kondh-1040 and Saora-1018). The number of females in the reproductive age group 15-44 years per 1000 females in majority of cases ranged between 470-490 (Kondh-489, Santal -479, Kolh -471 and Saora -460), excepting Gond -401.

According to this survey, as regards to the health particulars, in all India level, 9.4% of tribal population and reported sick (during a period of 30 days preceding the date of survey), of which 78.6% received treatment and 34.3% received treatment through government agencies. The corresponding figures for Orissa are 10.6%, 79.0% and 37.9% respectively. Fig 35 presents graphically major tribe-wise break-up among selected major tribes the variation in the percentage of person reported sick ranged from 9.9 (Kondh) to 13.2 (Kolh).

It is seen that among Kolh and Saora more than 13% of persons reported as sick. Percentage of sick persons treated varied from 69.2% (Santal) to 79.2% (Saora). The display between the two sexes (males & females) in receiving treatment was not that wide in Kondh's (78.8% males & 76.5% females), and Saora's (80.6% males & 77.7% females), but the disparity among Santal's (60.9% males & 80.0% females), Kolha's (73.5% males & 80.3% females), and Gond's (66.3% males & 76.8% females), was significantly wide, interestingly, it was in favour of females. The allopathic system was the most prevalent system of treatment among the tribals. About 94.3% of persons among Saora, 88.4% among Gond & 79.9% among Kolh got treated through this system. Indigenous system of medical treatment (including tribal methods of treatment by herbs & animal based medicines) was popular only among two tribes viz: Bhumij (30.5%) and Kondh's (18.1%).

It would not be out of place to cite that the author's own studies on tribal health behaviour have revealed that though there are innumerable types of beliefs and practices, the one thing that is common

and certain among all health seeking behaviours is the faith on empiricism. It is the empirical result that is valued most, irrespective of the system of medicine and the healer. A hospital, CHC, PHC or a Govt. health worker are very much open alternatives to the tribal as his traditional healer and offerings to god.

It is also observed that the allopathic / western medicine, when available was accepted and the magico-religious system never came in conflict with western medicine. Wherever facilities are available their health seeking behaviour has gone in favour of modern medicine. To site one or more concrete example from the authors own experience, during his field work with the Langia Saora - one of the primitive tribes of the state, has found that there was no cultural resistance to acceptance of modern medicine as long as they are efficacious, are available and accessible to them. Again, some of our own studies, no doubt, have indicated a very strong faith in traditional methods of treatment (for treating a particular type of disease) but again, we have also observed that the two methods of treatment (both traditional and modern) operate side by side in the same situation. In fact, the inadequate nature of modern facilities available in most of the remote tribal areas of Orissa are Often responsible for the lack of faith in modern treatment.

It is therefore, pertinent to know, and understand and appreciate about the tribals preference of various systems of medicine. Quite often it is said that the tribals are so traditional oriented that they do not use the modern facilities and the commonly held dream of many intellectuals is the everything "traditional" and "Herbal" is beautiful and works, if only the polluting effects of the modern medicine are not there !. These views are definitely not borne out by facts. These are myths and perhaps the time has come to examine and evaluate these views properly and critically.

Our health care programmes are more or less uniform throughout the country/state and virtually the same package of service delivery is being offered both in tribal and non-tribal areas. Unfortunately enough, not only the utilization of health services is reported to be very poor but also there seems to be significant changes in so far as important indices of health like IMR, MMR and incidence of communicable disease and malnutrition is concerned. Therefore, it is becoming undoubtedly clear that optional level of health among tribal communities, can not be achieved only through linear expansion of the existing system of health services. As mentioned earlier, the present approach of health care delivery for tribal areas is the same as in the general population, except the ratio of population to PHC, sub-centre and multipurpose worker has been reduced by 66% to compensate for the low population density (e.g. according to the existing norms there is a provision of 1 PHC for 30,000 population for general areas as compared to 20,000 population for tribal areas, in case of Sub-centre the norms for tribal areas are relaxed to 3,000 population as compared to 5,000 in case of general areas). All said and done, it is only more of the same health care on the paper. In reality, many PHCs and Sub-centres in remote tribal areas are chronically without doctors or health workers. The distances between the villages are vast and roads non-existent. There are some areas in remote parts of Koraput, Malkangiri, Rayagada, Phulbani and Kalahandi districts, where the nearest health centre is as far away 25 Kms. There is no in-built provision in such a situation to provide health care. There is also no provision for care of diseases like STDs, Sickle-cell disease or G-6-PD deficiency which are high prevalence in some tribal pockets. Victims of accidents and traumas are left to take care of themselves. Falciparum malaria is highly prevalent in some remote pockets. The TB control programmes does not provide any care to tribal patients in inaccessible areas. In short, the health care services as it is existing today in the tribal areas of Orissa, is not suitable/appropriate at the level of planning, non-operative at the level of implementation and whatever rudiments of health care exist in these areas, serve our national goal-targets of family planning/ immunisation, rather than those of the poor tribals. Against this backdrop, the health care planning for tribal areas must be conceived and planned anew. The priority problems must be decided based on the local disease pattern of ;the concerned tribal group, problems like accidents, burns, sickle-cell disease, malaria, TB, leprosy, STD, may need special attention. Autonomous, decentralised decision-making is

the hallmark of tribal social organisation. Due to the above two reasons, the most important features of Primary Health Care for tribal areas must be decentralised planning and decision making (at least at the district level). Trained workers from outside perhaps will not become stable in tribal areas. So can we think of workers being selected from among the local tribes & trained. Education level among some groups being quite low, the personnel policy/pattern may have to be different from standard one.

There is definitely a need for research for the conventional type but to carry out operational studies essential for enhancing out understanding of health problems of tribals under different settings (micro-ecosystem). If we really mean business & want to develop location specific & need based programmes for tribals then we must first of all identify problems (related to health) accurately & in a way that makes sense to those who face the problems. For this, we need to recognise the importance of understanding the major dimensions are : Physical, Technical, Organisational, Structural, Knowledge & normative/value.

Above dimensions are non-separated in real life and an important point to be recognised here is that any problem (whether it's related to health or nutrition or population) or proposed resolution of such a problem that we might want to consider must recognise this multidimensionally and not be sectorly restricted. Today, unfortunately the interlinkages of various "sectorial problems are generally viewed separately & perceived in isolation by professional experts & bureaucrats, when in reality the problem & their linkages by their very nature are multidimensional. In order to understand such linkages there is a need to use a broader concept of "Ecosystem" that include structures & lifestyles (both influence environment and are also a part of "life-support systems). Further in order to improve "quality of life", the support systems). Further in orders to meaningful and not simply mechanical. Such a discussion is not possible within this restricted space.

Perhaps on an experimental basis, a tribal district could be selected and used as a starting point for policy consideration (from health angle), keeping in view the relationships with the outside/or macro-world and especially with processes of decision-making and policy/programme implementation affecting the district and its local tribal population. Against this backdrop, it would perhaps be appropriate and worthwhile to initiate an Action-Research Project (preferably in Koraput district) on tribal health on a pilot basis with the aim to evolve a model for health care delivery system for districts with increased effectiveness & efficiency.

Till such time, proper district level (location-specific and need based health plans are evolved, some of the recommendations relating to strengthen specific health programmes for improving health status of the tribals could be dovetailed in the existing health care programmes. Some specific recommendations in this regard are the following:

a) Maternal and Child-health : The maternal and child mortality rates are high amongst most of the tribal groups. In a search study conducted on "Infant Mortality in relation to fertility" conducted by Family Planning Foundation in 5 tribal districts of Orissa, has identified ten most important risk factors as determinants of Infant Mortality and they are:

- Inadequate dietary intake of mothers
- Poor health of mother
- Low-birth weight of baby
- Labour complications
- Poor health of the child
- Inadequate supplementary feeding
- Lack of immunization
- Unsafe drinking water
- Poor housing and
- Low income

Most of the factors identified are of maternal origin. Therefore, there is a need to strengthen our efforts

on health education regarding antenatal care, nutritional care, safe delivery practices, immunization, infant & child care. Training inputs and delivery kits to tribal birth attendants for hygienic cord cutting can make a major dent especially since most of the tribes have a culture and skills of child birth practices, most conducive for normal child birth. The anaemia prophylaxis programmes need to given special emphasis. So should be the case with mass deworming in pockets reported to endemic to parasitic infestations.

b) Control of water-borne and sanitation related disease: The very high prevalence of water & sanitation related disease particularly fatal dysenteries and diarrhoea, points to an urgent need for action in this direction in all tribal areas.

Health education regarding personal hygiene & environmental sanitation also needs strong emphasis in tribal areas to cut the transmission of diarrhoeal disease and parasitic infestations. Health education on personal hygiene and implementation of Oral Rehydration Solution with the use of locally available material should also be launched on a priority basis.

c) Nutrition programmes: It is observed that the tribal cannot (in most cases) go back to his traditional, variegated, forest-based diet, and is facing a crisis of resources. Among the third categories of tribals, the tribals have adopted certain harmful dietary practices of non-tribals without the other correcting dietary aspects of the non-tribals.

Keeping in view the high incidence of malnutrition due to inadequate dietary intake among the second & third categories, nutrition education, supplemented with income generation programmes, would greatly enhance the status of tribals.

d) Control of mortality due to respiratory diseases: Since tribals are particularly prone to pnemonias (mortality rate is relatively high), and other respiratory tract disease, the health staff in the tribal areas should be alerted to this. Adequate stock of penicillin and other substitute antibiotics should be maintained at all PHCs in tribal sub-plan areas.

e) Control of malaria: As already mentioned most of the tribal state show high prevalence of malaria. The malaria situation in tribal areas of Orissa has puzzled the most imaginative health administrators. The remote habitations in heavy rainfall areas are difficult to reach for spraying or other vector control operation. This situation is further complicated by possible prevalence for radical treatment can be fatal. All health staff need to be particularly sensitized to the contra-indications of Primaquine for tribes known to have some incidence of this trait.

f) Control of Meningococcal meningitis: Out-break of Meningococcal meningitis in some of the districts of Orissa (viz: Phulbani, Koraput, Rayagada, Gajapati, Kalahandi and Bolangir), more particularly in areas predominantly inhabited by tribal communities has caused serious concern for health administrators of the State. Therefore, there is an urgent need to tackle this problem in an effective manner by promotion of health education about meningitis, particularly about its prevention and control aspects.

g) Control of STD: This is emerging as a serious problem among tribals coming in close contact with non-tribals particularly those living nearer to cities/towns. In all the tribal groups known to have high prevalence as well as tribal groups in a similar situation, where is the risk, the health staff must be alert to this problem.

h) Scabies control: Scabies and skin diseases is reported by most of the tribal health researchers/doctors as a major health problem. The PHCs and Sub-centres in PHC tribal areas should be adequately provided with anti-scabies drugs for local as well as antibiotics. Health staff should be asked to periodically undertake mass treatment on family basis or even hamlet basis along with health education regarding bathing and personal cleanliness to prevent recurrence.

i) Control of Leprosy: As there are tribal areas where leprosy is highly prevalent, therefore, a vigorous

anti-leprosy programme is needed among the tribals. Keeping in view the remote habitations and difficulty to keep up continuity of treatment due to distance factor, awareness factor and sheer lack of motivation of the average tribal to keep up efforts at any activity over a long period, the leprosy control programme needs to be implemented with the close cooperation and participation of the tribal communities. It may be necessary to think of such situations as stocking the drugs with a local health volunteer and training him to provide the drugs since he is easily accessible and also training. The community volunteers to ensure early detection of cases and regularity of treatment:

j) Control of Tuberculosis: TB has been described as a significant problem due to high level of malnutrition. The TB control activity in tribal areas also needs to be planned in a similar basis as the leprosy programme.

k) Detection of genetic diseases and genetic counselling: The problem of genetic diseases like Sickle-cell anaemia, G-6-PD deficiency are being aggravated by high levels of inbreeding particularly in some tribes due to customary consanguinity. To counter this problem, it is recommended that researchers should undertake studies to establish the prevalence rates of these diseases. In the area of high prevalence, simple kits should be provided at PHC level & the staff trained to screen the population for these traits. Genetic counselling to avoid risky should be a part and parcel of services of these PHCs & Medical officers & paramedics should be sensitized to these aspects.

V. NON-GOVERNMENT ORGANISATIONS (NGOs) IN HEALTH CARE IN ORISSA

1. National Health Policy and NGOs: The National Health Policy (NHP) recognises Non-Government Organisations (NGOs) as a potential partner in the delivery of health services. It states in very clear terms:

- The services and support of NGOs active in the health field should be utilised and intermerged with governmental efforts in an integrated manner.
- Organised efforts should be made to fully utilize and assist in the enlargement of the services being provided by NGOs in the health field.

2. NGO Strength: There are about 4,000 NGOs (including service/recreation clubs etc.), who have been registered with the Registrar of societies in the state. As per the recent and to some extent reliable estimates, we have about 300 NGOs who are engaged in health field. Out of about 300 organisations there are 10 hospitals, 50 dispensaries, 100 development action groups and 140 service youth clubs. The distribution of these organisations are not uniform. While coastal districts like Cuttack, Ganjam, Balasore, Puri and some tribal districts like Koraput and Phulbani have many NGOs, there is virtually a drought of NGOs in Bolangir, Sonepur & Sundargarh. There are very few NGOs in these districts. Due to lack of authentic information, it is very difficult to estimate the exact number of really active NGOs working in Orissa in the field of health. The voluntary effort in the field as it exists today in Orissa, can be broadly classified as follows:

i) Specialized Community Health Programmes: Which are decentralized, low-cost, community based programmes giving importance on and promoting local level village health workers, prevention of disease, health education and community involvement. Few of them go a little beyond health running income generation schemes for poorer/tribal communities, so that they can meet their basic nutritional needs.

ii) Integrated Development Programmes: In these programmes, health is a part of integrated development activities. Consequently, their emphasis on health care may not be as systematic or as effective as that of previous group but perhaps the impact of such programmes on health would be only visible in long-term. Most of the action groups of Orissa fall under this category.

iii) Health Care for Special Groups: This includes such agencies like Orphanages, rehabilitation centres for handicapped etc.

iv) Government NGOs: These groups are NGOs which are implementing some of the components of Government Programmes like family planning, immunization & ICDS.

v) Centralised Health Care Programmes: These are based on treatment of diseases & are still many organisation such as hospitals & clinics.

The Orissa Voluntary Health Association popularly known as OVHA, is a federated body of member NGOs working in health related fields in the state. Currently OVHA has about 200 members, of which about 75 are really active. OVHA is not an apex organisation with a coordinating role to perform, but in a true sense acts as a support service organisation with a coordinating role to perform, but in a true sense acts as a support service organisation. It organises training programmes, seminars, workshops, orientations, symposia and campaigns on health issues, liaises with member organisations, and the government, collects health related information from various sources & disseminates them through circulars, news letters etc., provides consultancy & assists in planning, implementation, evaluation of different programmes for member organisations, provides simple IEC or educational materials, translates, reprints and reproduces health messages, which has relevance to the State and conducts operational research studies on health problems, when requested by member organisation.

4. Action Areas: As many of the major health problems of Orissa are closely interlinked with poverty and under-development, the greatest health impact, perhaps will come not from medical interventions peruse but from health/non-health measures like safe water supply, female education (including health and nutrition education).

The Government should focus on a sub-set of simple health interventions like immunisation, oral Rehydration, diarrhoeal diseases prevention management and micro-nutrient supplementation - which do not necessarily rely on improvements in health service delivery (in the strict seance). The focus of this effort has to fall mainly on rural/tribal areas/unreserved/under-reserved pockets and on economically weaker sections (particularly those marginalised, underprivileged groups who do not participate in decision making in one present social structure).

Though the Government is making efforts to meet the major health needs of the population, there are many areas, specially certain social dimensions of health work which are grossly neglected or unrecognised in the governmental efforts. In fact, it is this aspect which is the most significant part of the community health movement.

These dimensions are:

- Links with a socio-political process
- Commitment to individual and community awareness building and generation of greater autonomy
- Process of community building including increasing participation of those who do not/cannot participate at present
- Quest for medical pluralism (including promoting traditional/indigenous systems of medicine)
- Acceptance of conflicts of interest within the community
- Confrontation of various factors in the medical model of health care including over-medicalization of health, over-professionalization of skill and knowledge and over-emphasis on the physical dimension of health and
- Increasing commitment to accountability and medical audit

5. Focus of NGO activities in health field: The focus of NGO activities in the health field should be on minimising risk factors and involves:

- Conservation of healthy environment and provision of potable water supple
- Improvement in the nutritional status and prevention of deficiency disorders/diseases,
  - educating pregnant and lactating mothers about Vitamin 'A' and Iron deficiency disorders as also the supply of micro-nutrients (Iron, Folic Acid & Vitamin-A)
- Providing maternal health care which includes: antenatal natal and post-natal care:
  - education on maternal nutrition
  - supply of micro-nutrients to pregnant mothers
  - protection with Tetanus Toxoid
  - screening of high risk pregnancies
  - care during pregnancy and lactation and
  - training local village women to conduct low risk deliveries
- Infant and child health care: immunisation, nutrition, control of diarrhoeal diseases and control of Acute Respiratory Infections:
  - identification and priority of health risk infants
  - promotion of breast feeding and weaning practices
  - vitamin-A prophylaxis
- Family Planning: spacing of births and
- Communication, information and education on health

To elaborate on the first example of potable water supply, mentioned above, NGOs can play a vital

role in this area in Orissa. Their role in these endeavours should not to be restricted providing water and sanitary facilities to the community, but also to make people aware about the greater implications of such problems and motivate them to use and maintain these facilities. The specific role of the NGOs in this regard should therefore be the following:

- Pass on the concept of safe water and sanitation to motivators and the community
- Advocate use of safe water and sanitation as a way of life and means to improve health, and achieve a better quality of life
- Make water and sanitation an integrated part of any development activity
- Train local people to maintain/repair these facilities
- Organise training/orientation courses at various levels directly relevant to programmes of water and sanitation
- Produce health education materials in local/regional languages to promote awareness among people about water and sanitation.

Involvement of community organisations and NGOs is essential to ensure a high level of immunisation coverage and low dropout rate. NGOs should play a major role in motivating parents to immunize their child.

NGOs can play a very useful role in pursuing health education efforts by teaching specific preventive & promotive measures more specifically on the already identified five health priorities of the State viz: Population, child survival & safe motherhood (CSSM), Control of communicable diseases - Malaria, Diarrhoea, Leprosy and TB, to strengthen the community's level of health awareness. They can also do the catalytic job of creating public awareness about the above mentioned priorities through dissemination of information.

Population Control: No other area of health care has proved as controversial as that of birth control and perhaps this could be the reason why, many of the NGOs were and some of them still are reluctant to be involved in such areas like Family Planning, Population, even Family Welfare. One of the main criticisms has been that programmes designed to control population growth do not necessarily address what is probably the main cause of poverty in South countries (including India & our own state, Orissa) - the unequal distribution of wealth & income. The proponents of this theory argue, that, by claiming poverty is caused by the sheer size of Population's, Governments, International agencies and Wealthy elites are abnegating their responsibilities and deflecting the debate away from the main issue, which has more to do with the distribution than the quantity of resources.

While it may be true that a more equitable distribution of resources is more critical to the alleviation of poverty than the control of population growth, this should not detract from the fact that the control by the individual of her/his fertility should be a fundamental right. It is wrong to assume that just because, poor people of this State have not articulated a demand for birth control, there is no felt need for this service. Indeed the statistics on population, appears to be extremely daunting, if the present trend continues. However the voluntary adoption of birth control is one of the most effective ways of improving health of women & children & increasing their quality of life. Therefore, this aspect should take priority in the work of NGOs. Nevertheless, there remains one serious problem: Child spacing can be causal factor in the reduction of maternal and child mortality and in levels of malnutrition, and yet paradoxically, without changes in mortality status of either the mothers & children, few people will wish to practice birth control. Thus, the real demand for contraception will only arise when the future is to some extent secure. Therefore, in Orissa (where poverty is rampant), where food shortages are common & Infant mortality is very high, it is but logical that the more general programmes designed to improve the quality of life (such as income generation, food security etc.) should precede or at least operate side by side. Therefore, the two already identified priorities viz; Population Control & CSSM should go hand in hand and concentration should be laid on such factors which would increase literacy & improve general health

condition. The hope is that improvement of maternal conditions and the reduction of infant and U5MR will lead ultimately to a demand for a long term reductions in the family size.

The NGOs should actively participate in such programmes which will ultimately have a long term impact on population control. Therefore, a comprehensive socio-economic development agenda rather than a narrowly defined demographic approach appears necessary in relation to population. Parental perception must be taken into account and self motivation must prevail over elements of compulsion. In this endeavour NGOs can play an important role.

NGOs can also endeavour to make Health Services not only responsive but accountable to the people. Micro level experiences elsewhere in one own country have shown that the NGO sector can create a demand for the health services provided by the government to ensure better utilization of available facilities and services. They should also mobilize adequate manning of the health institutions (particularly in remote tribal pockets/inaccessible areas), regular supply of drugs/medicines, vaccines and health information materials and press for quality services.

Right to health information also remains a dark area and NGOs can play in involving the community,. Moreover, accountability can only be ensured when a vigilant community becomes an active and informed participant in the system instead of remaining in apathetic onlooker.

Thus, NGOs should not only be involved in programme implementation alone, but their potential as trainers, researchers, monitors and evaluators have also to be fully utilized.

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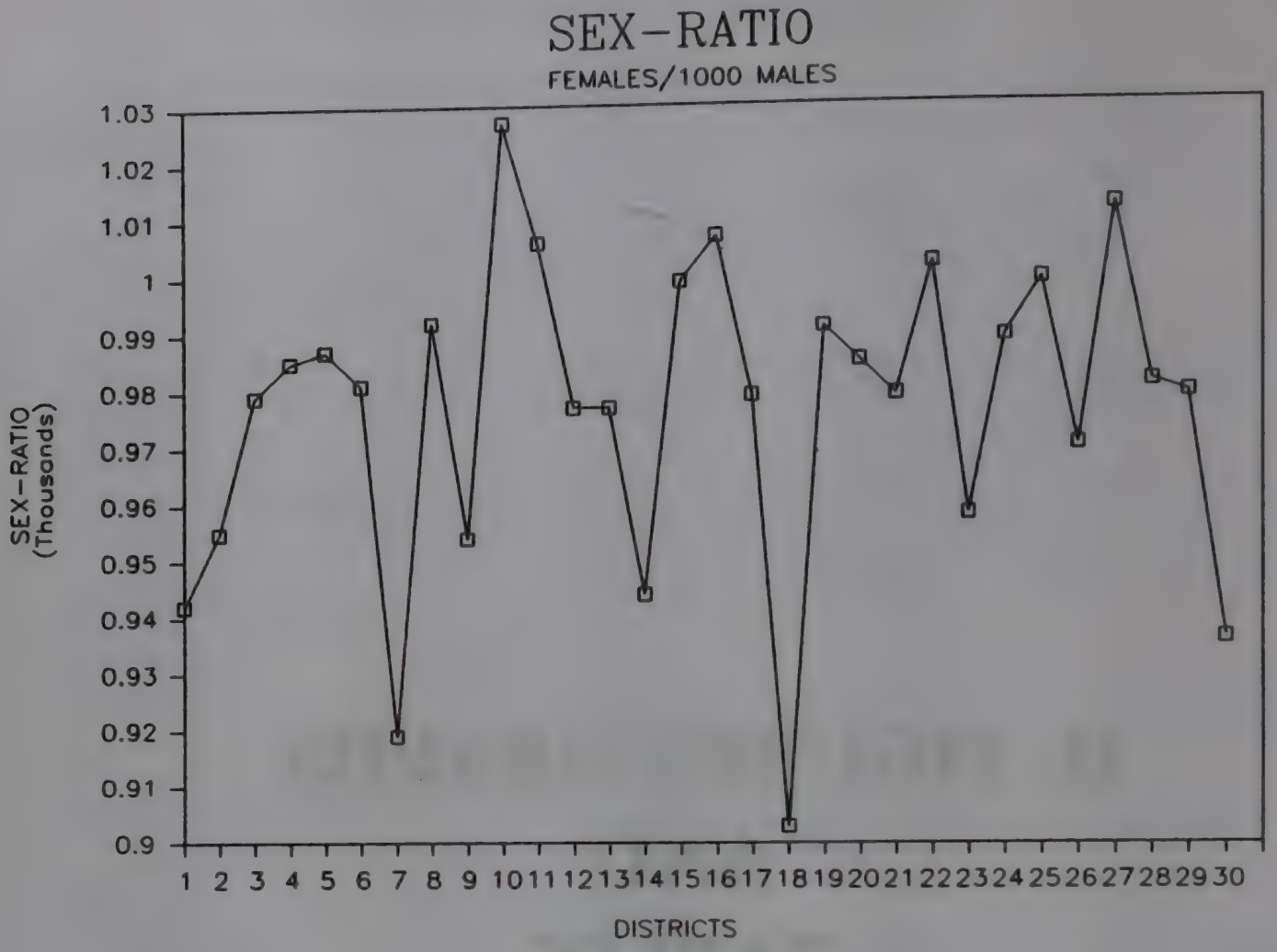
Annexures

I. SOME IMPORTANT DEFINITIONS

Crude Death Rate (CDR)	:	Annual number of deaths per 1,000 population.
Crude Birth Rate (CBR)	:	Annual number of live-births per 1,000 population. The CBR depends on both the level of fertility and age distribution of population. All else equal the larger the proportion of population in high fertility age groups, the higher the CBR.
Sex-ratio	:	The number of females per 1,000 males.
Infant Mortality Rate (IMR)	:	Annual number of deaths of infants under one year of age per 1,000 live births. More specifically this is the probability of dying between birth and exactly one year of age.
Neo-natal Mortality Rate (NMR)	:	Annual number of infants dying within the first month of life (technically 4 weeks, i.e. under 28 days) per 1,000 live births.
Under 5 Mortality Rate (0-5MR)	:	Annual number of deaths of children under five years of age per 1,000 live births.
Life Expectancy at Birth	:	The number of new-born children would live if subject to the mortality risk prevailing for the cross-section of population at the time of their birth.
Maternal Mortality Rate (MMR)	:	Annual number of deaths of women from pregnancy related causes per 1,00,000 live births.
Low-birth weight	:	2,500 gms or less.
Age specific Fertility Rate (ASFR)	:	The number of live births per 1,000 women of a particular/specific age group in a given year.
Age specific Marital Fertility (ASMFR)	:	The number of live births per 1,000 marital women of a particular/specific age group rate in a given year.
General Fertility Rate (GFR)	:	The number of live births per 1,000 women of child bearing age (15-59) in a given year.
General Marital Fertility Rate	:	The number of live births per 1,000 married women of child bearing(GMFR) age (15-59) in a given year.
Total Fertility Rate (TFR)	:	The number of children that would have been alive per person during her life time if she were to pass through her child bearing years and been children at each age in accordance with prevailing age-specific fertility rates. It is calculated as the sum of the age specific fertility rates in five year age group multiplied by five. The TFR is a more refined measure than CBR because the TFR is independent of the age structure of the population.
Total Marital Fertility Rate	:	The number of children that would have born alive per married women during her life time. If she were to pass through her child bearing years and bear children at each age in accordance with prevailing age-specific fertility rates.
Average Annual Growth Rate	:	The rate at which a population is increasing (or decreasing) in a given year, Expressed as a percentage of the base population.

II. FIGURES, GRAPHS AND TABLES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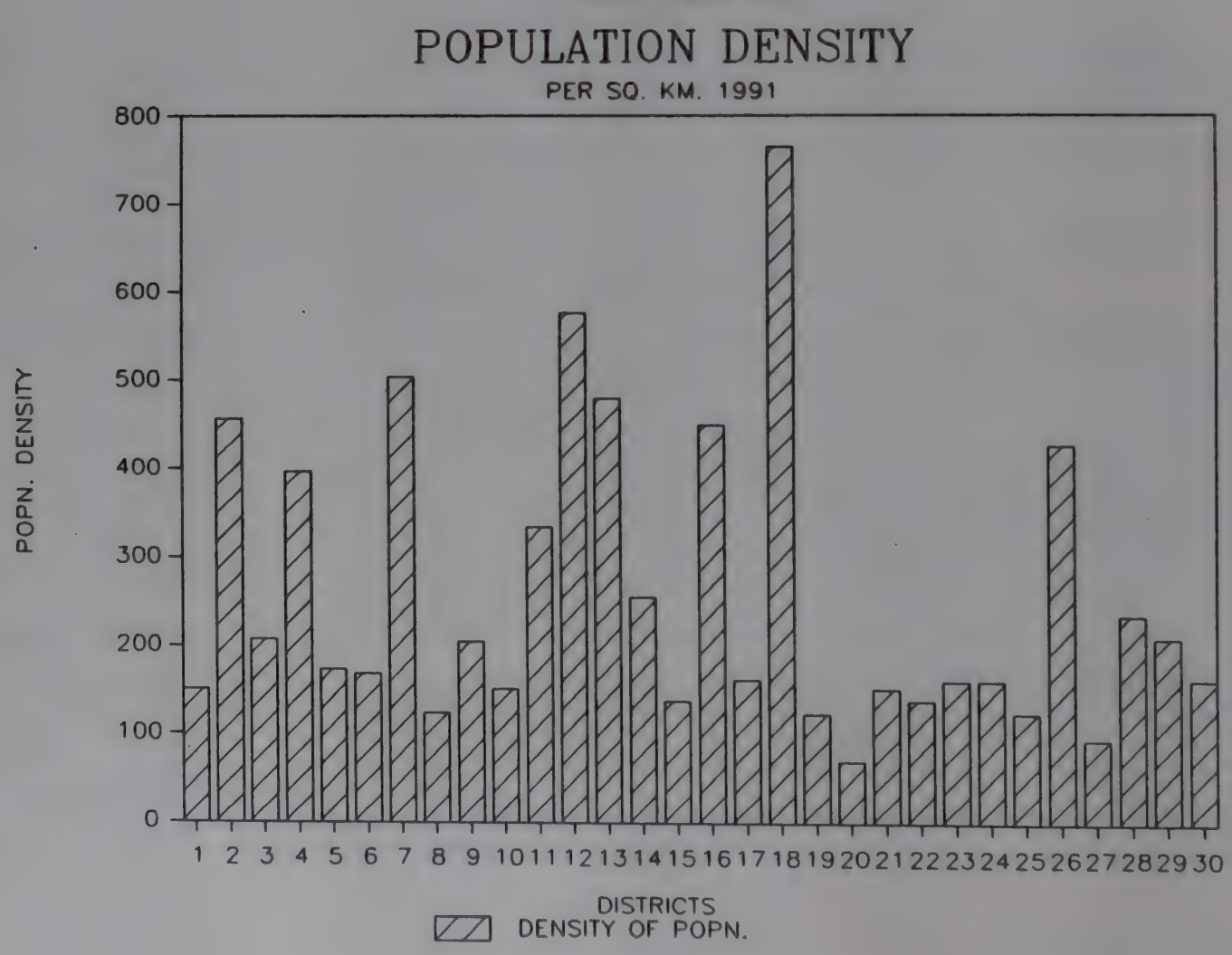
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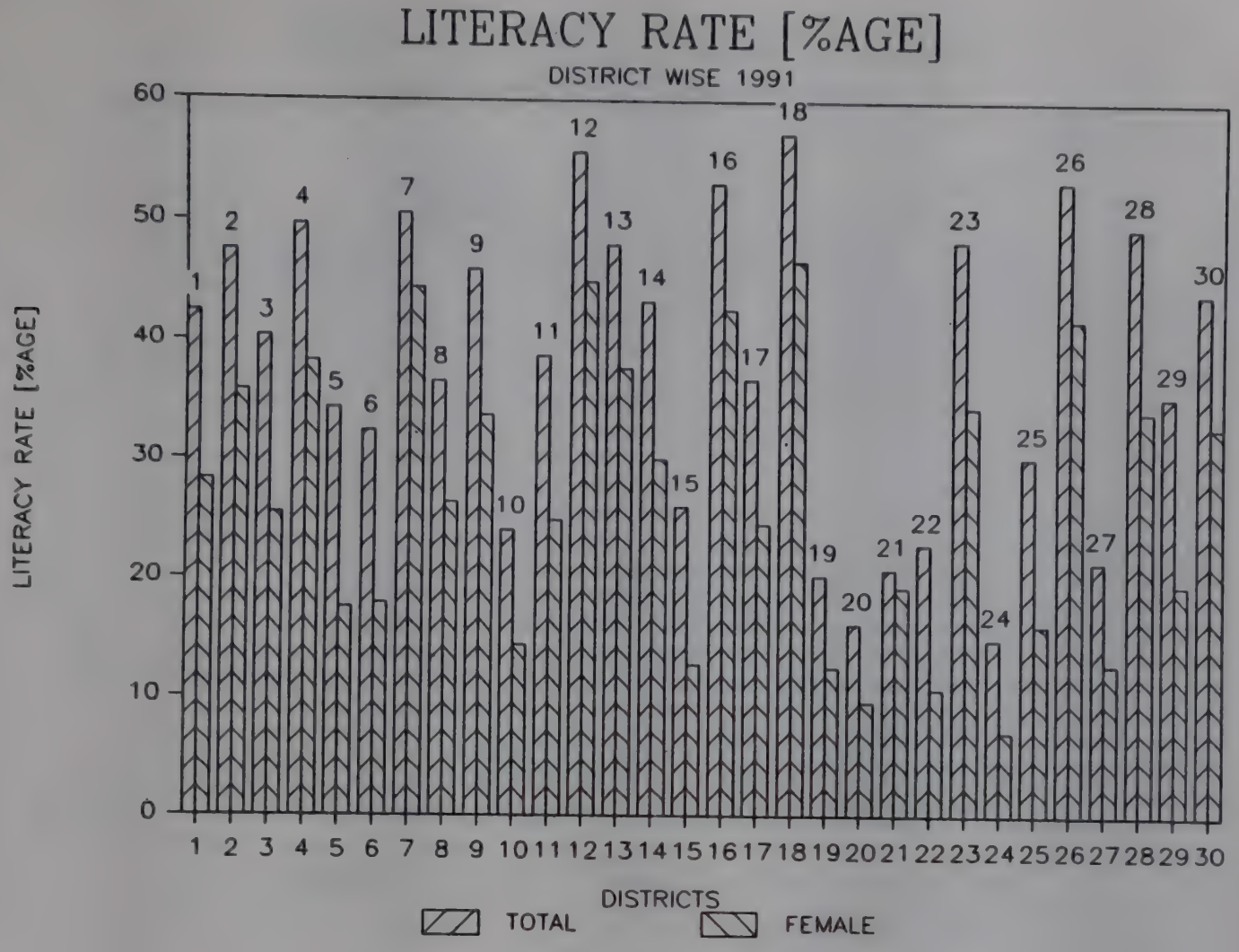
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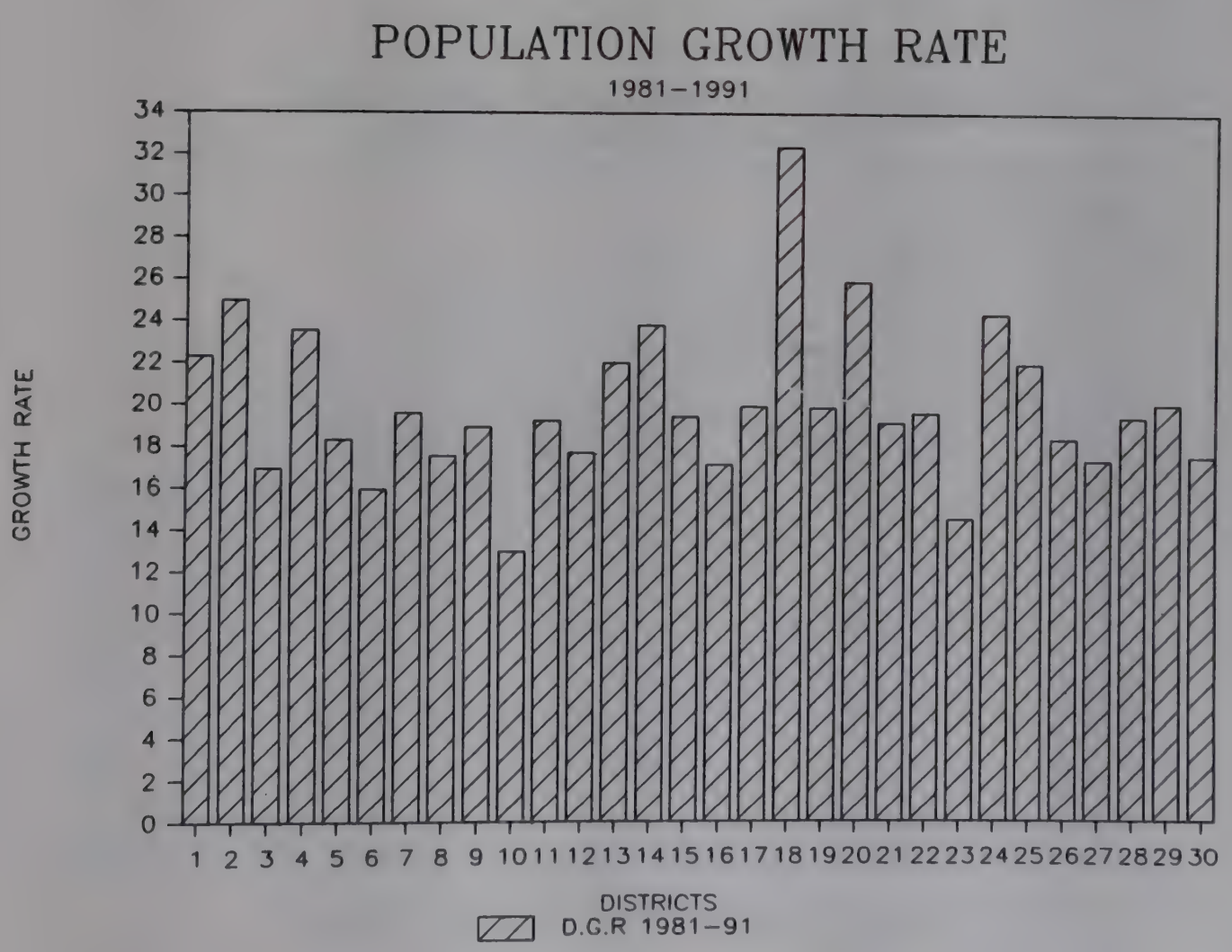
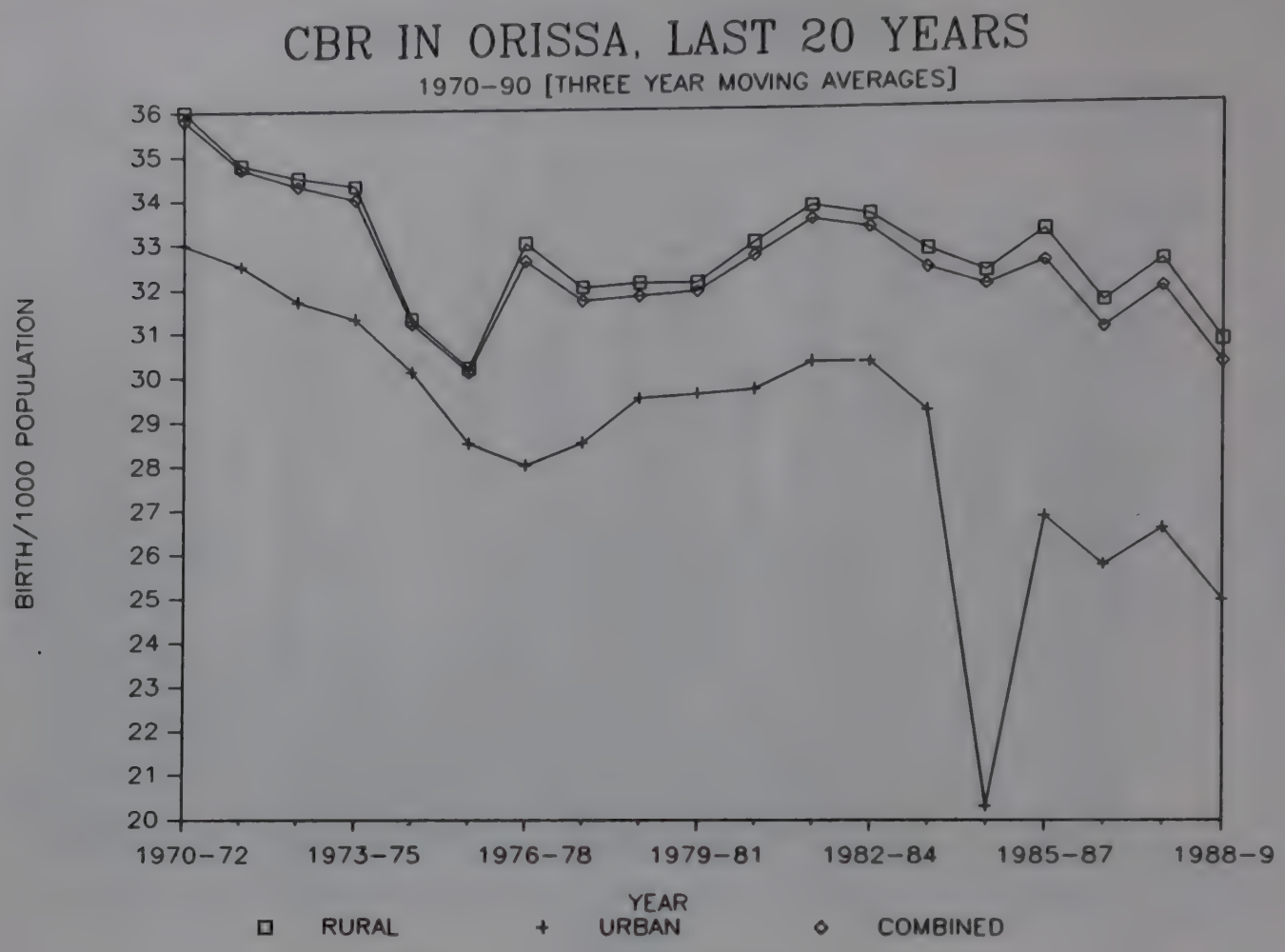
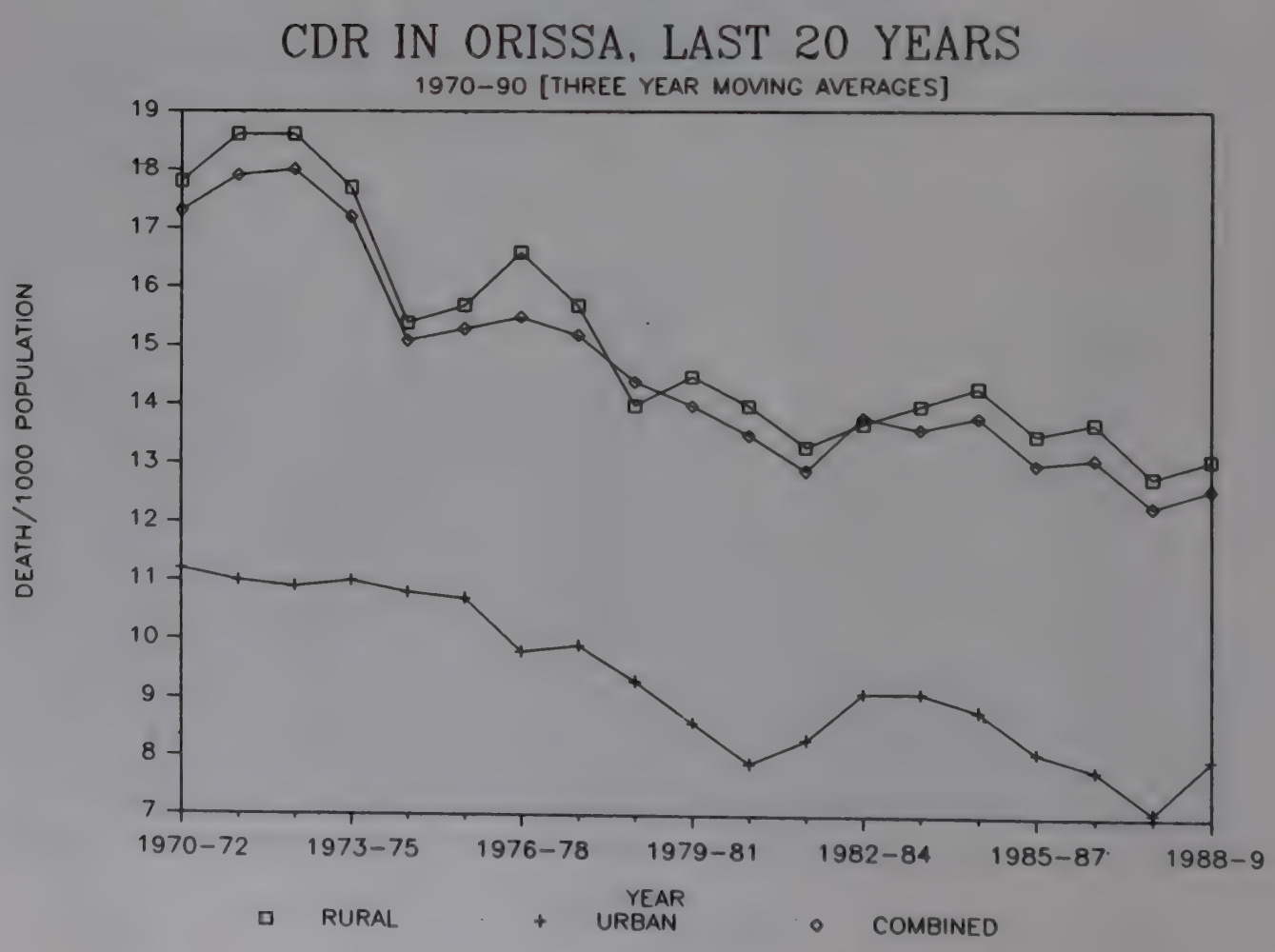
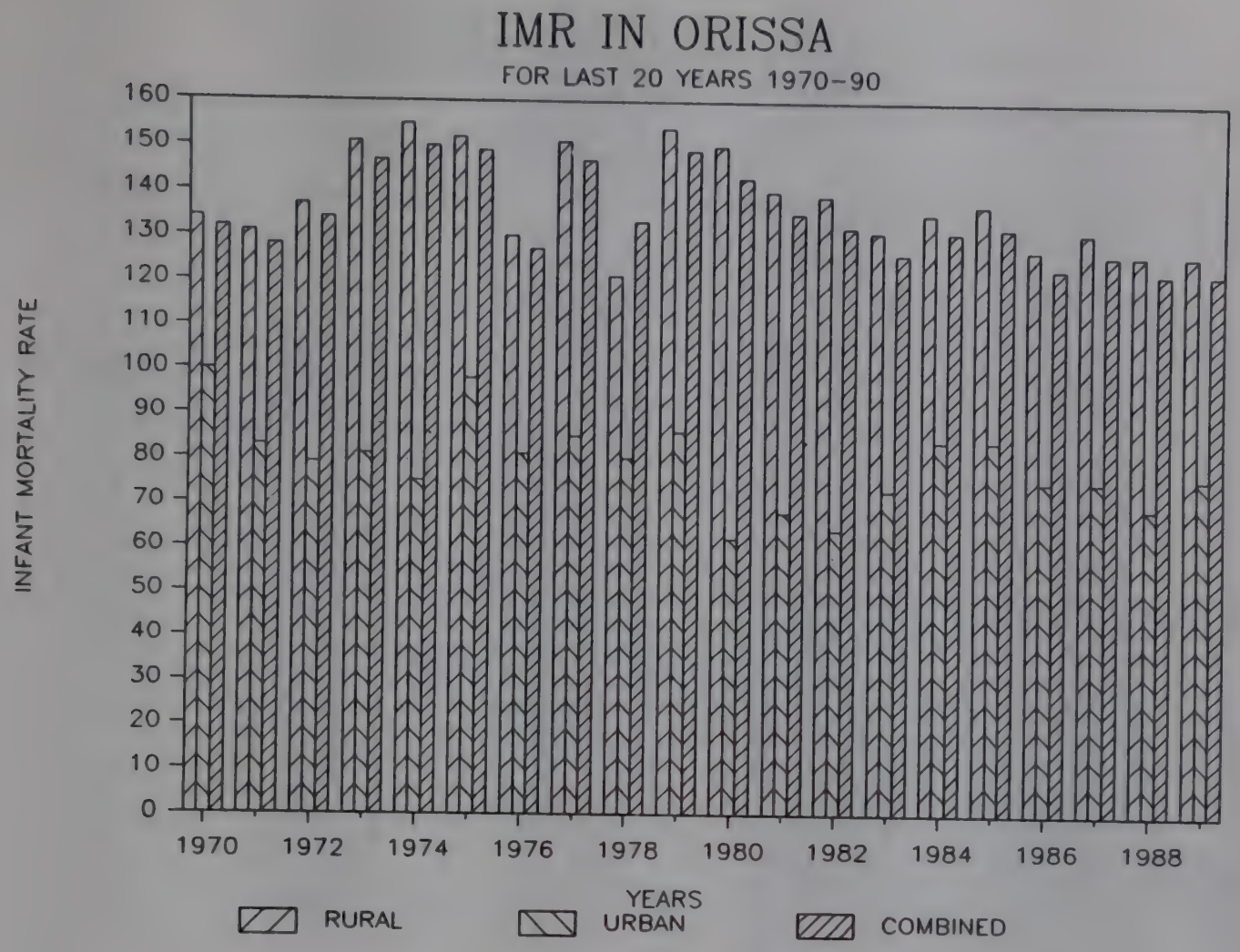
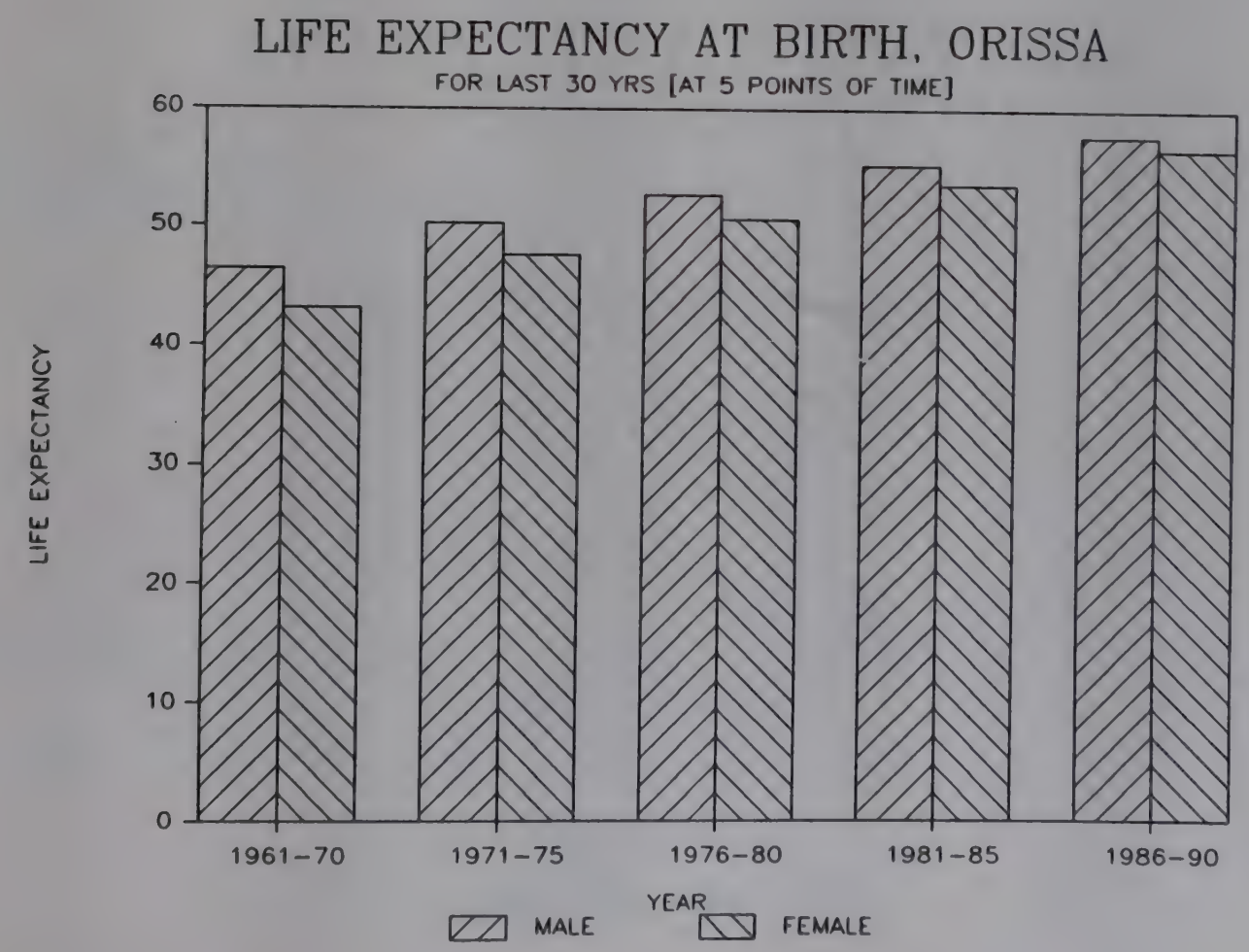
TOTAL
FEMALE


POPULATION GROWTH RATE
1981–1991
GROWTH RATE
34
32
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
DISTRICTS
D.G.R 1981–91


CBR IN ORISSA, LAST 20 YEARS
1970-90 [THREE YEAR MOVING AVERAGES]
BIRTH/1000 POPULATION
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
1970-72
1973-75
1976-78
1979-81
1982-84
1985-87
1988-9
YEAR
RURAL
URBAN
COMBINED

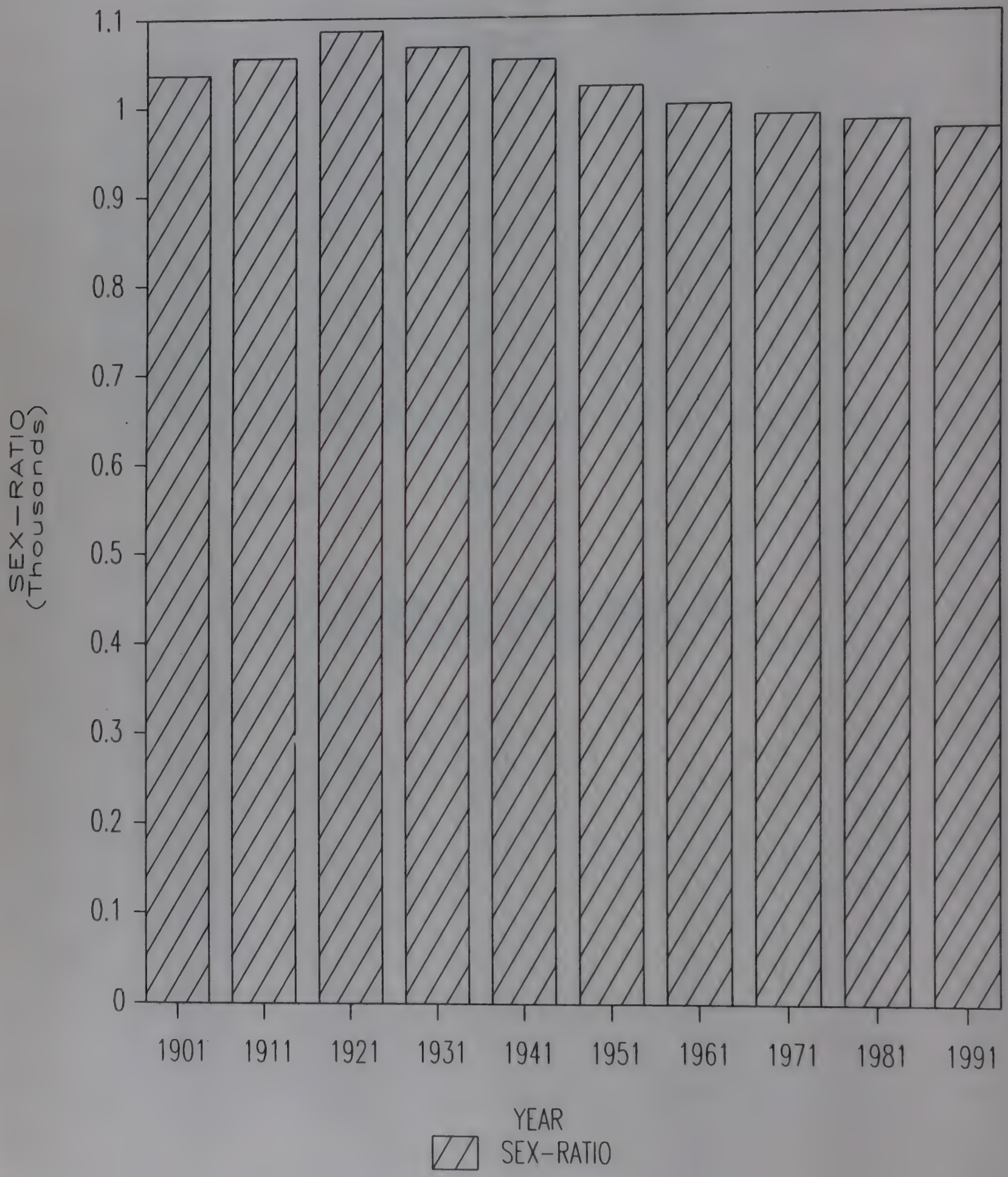

CDR IN ORISSA, LAST 20 YEARS
1970-90 [THREE YEAR MOVING AVERAGES]
DEATH/1000 POPULATION
19
18
17
16
15
14
13
12
11
10
9
8
7
1970-72
1973-75
1976-78
1979-81
1982-84
1985-87
1988-9
YEAR
RURAL
URBAN
COMBINED

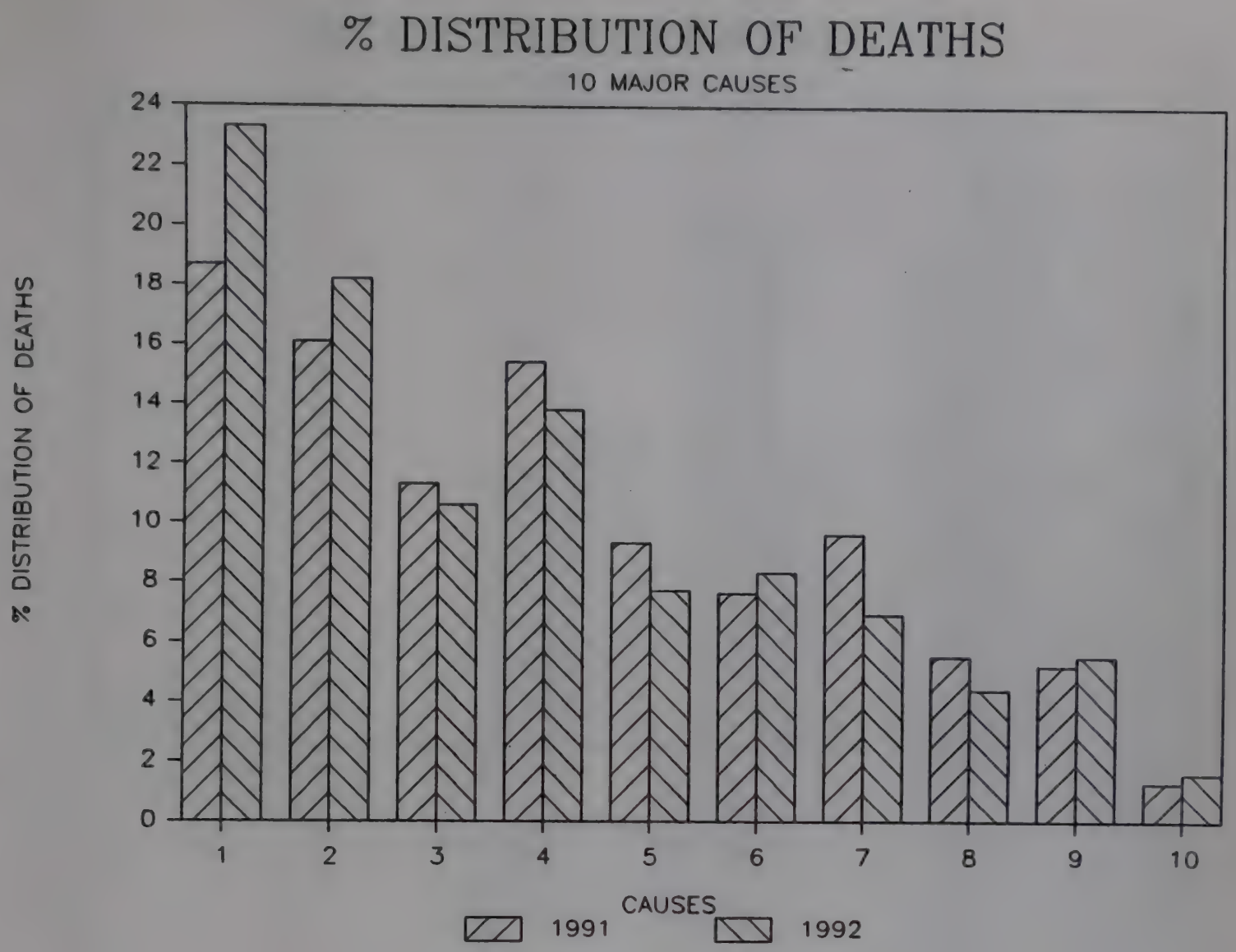

IMR IN ORISSA
FOR LAST 20 YEARS 1970-90
INFANT MORTALITY RATE
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
0
1970
1972
1974
1976
1978
1980
1982
1984
1986
1988
YEARS
RURAL
URBAN
COMBINED


LIFE EXPECTANCY AT BIRTH, ORISSA
FOR LAST 30 YRS [AT 5 POINTS OF TIME]
LIFE EXPECTANCY
60
50
40
30
20
10
0
1961-70
1971-75
1976-80
1981-85
1986-90
YEAR
MALE
FEMALE

SEX-RATIO, ORISSA

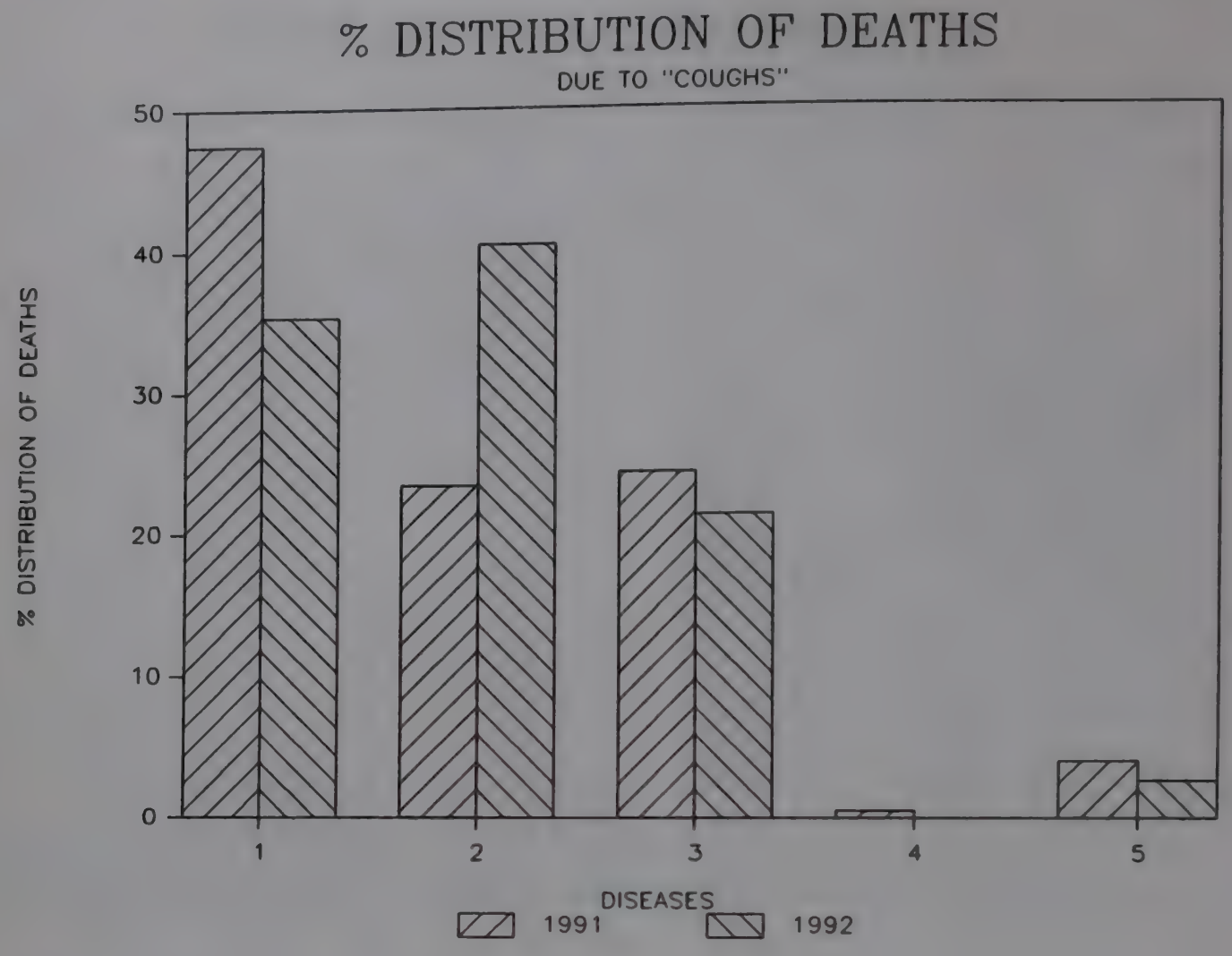
1901-1991, 10 YRS INTERVAL





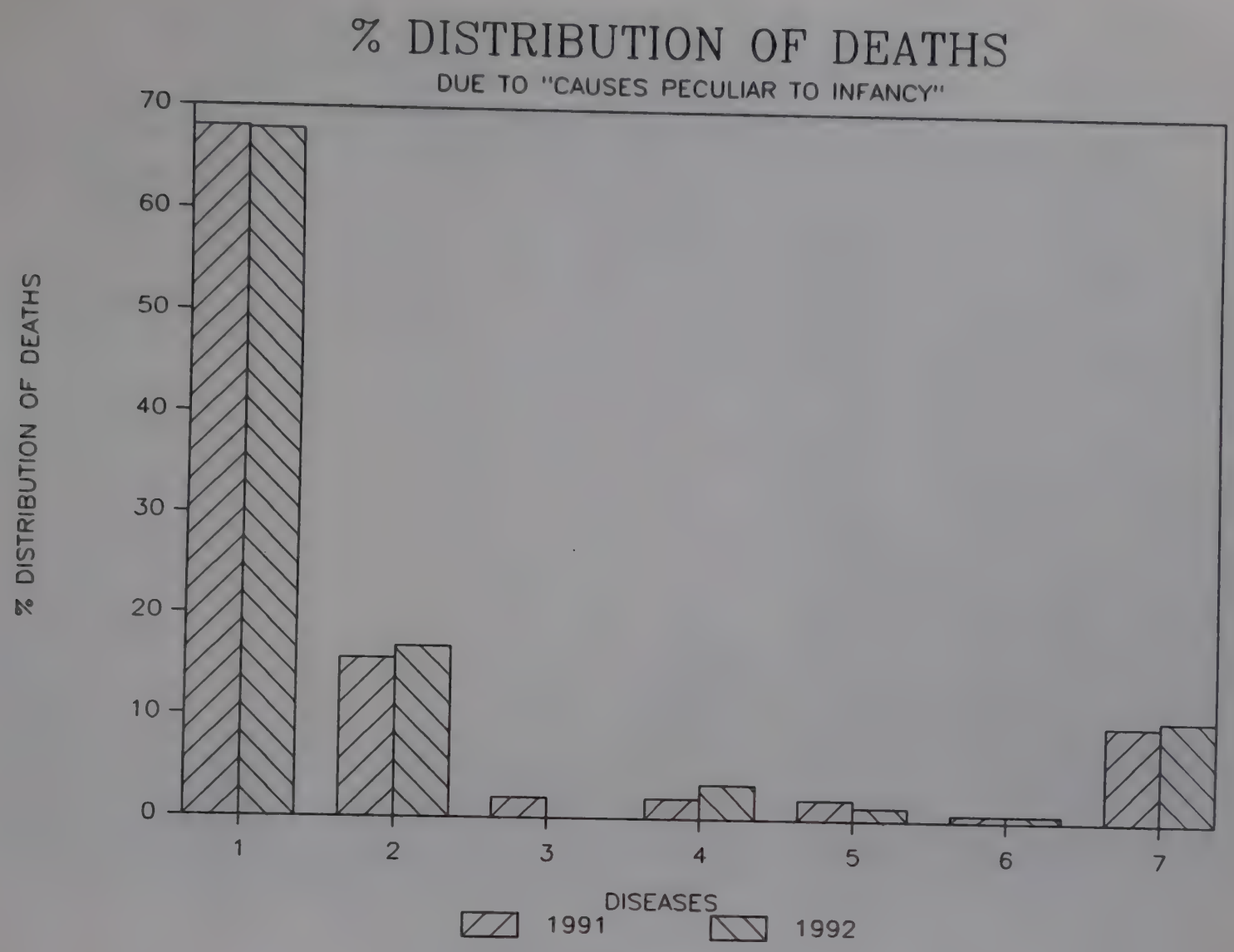
10 MAJOR DISEASES

1	DISEASES OF CIRCULATORY SYSTEM
2	SENILITY
3	CAUSES PECULIAR TO INFANCY
4	COUGHS
5	DIGESTIVE DISORDERS
6	DISORDERS OF CENTRAL NERVOUS SYSTEM
7	OTHER CLEAR SYMPTOMS
8	FEVERS
9	ACCIDENTS AND INJURIES
10	CHILD BIRTH AND PREGNANCY



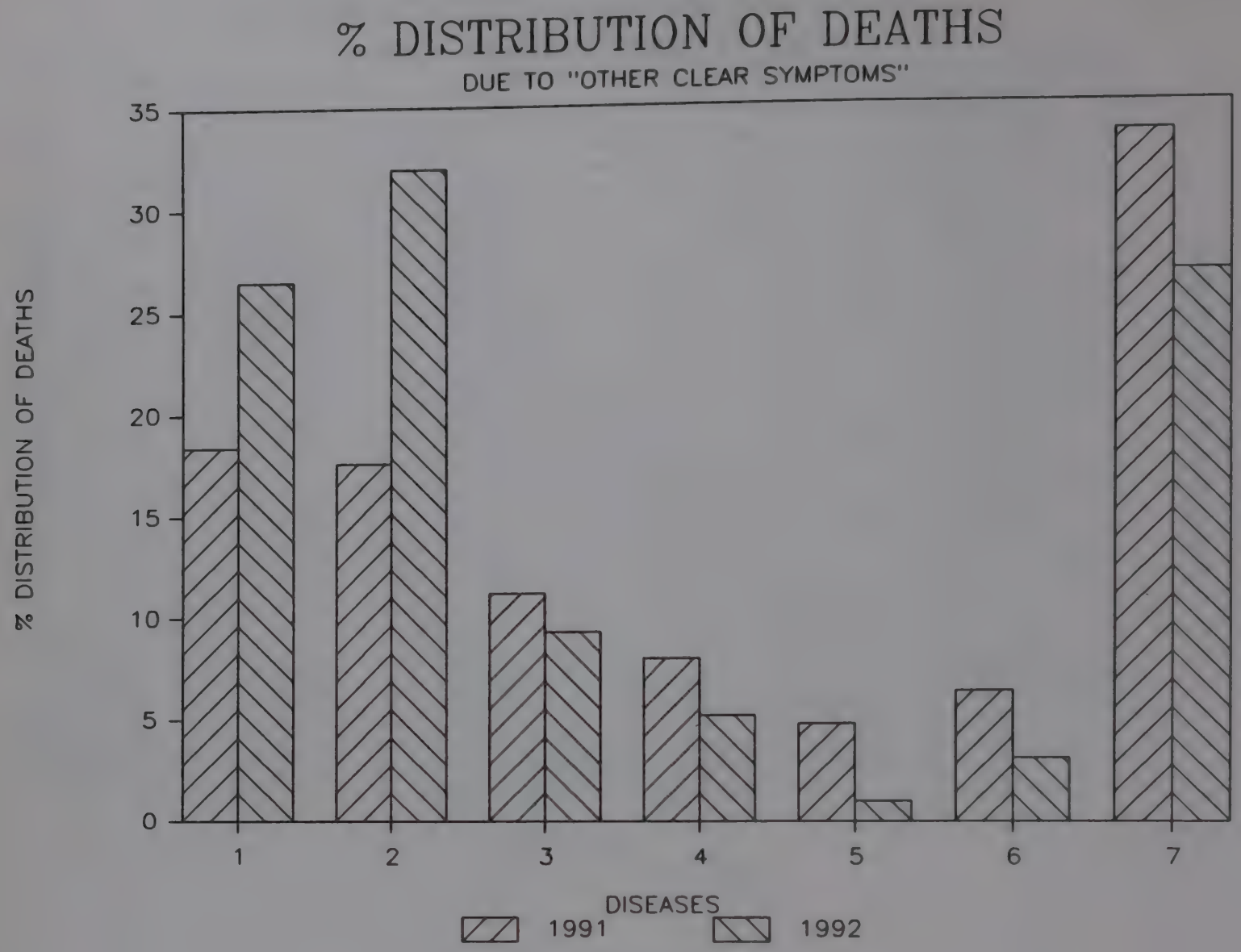
DISEASES DUE TO COUGHS

1	ASTHMA/BRONCHITIS
2	PNEUMONIA
3	TB OF LUNGS
4	WHOOPING COUGH
5	NOT CLASSIFIABLE



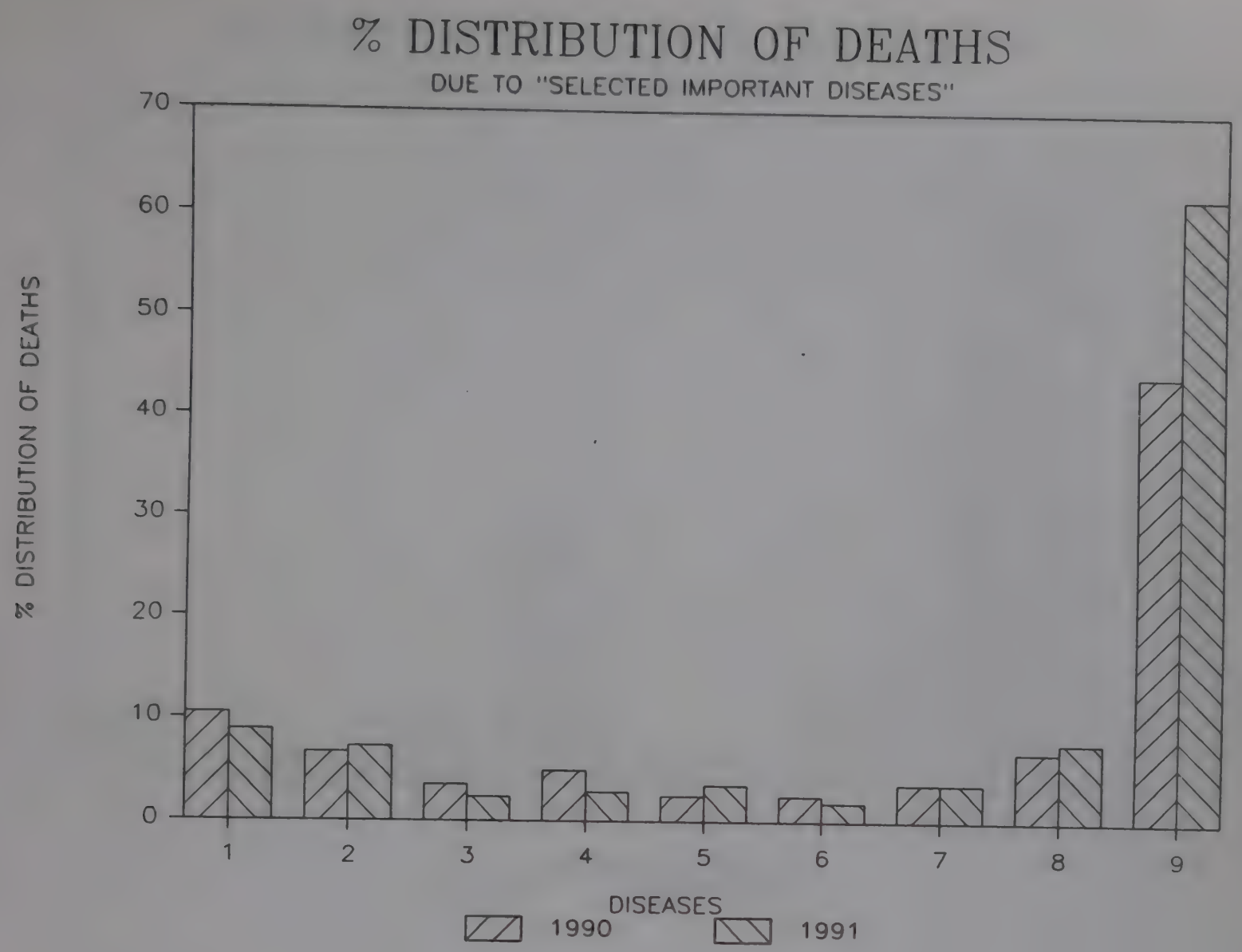
CAUSES PECULIAR TO INFANCY

1	PREMATURITY
2	RESPIRATORY INFECTION
3	DIARRHOEA OF NEW BORN
4	CORD INFECTION [INCLUDING TETANUS]
5	CONGENITAL MALNUTRITION
6	BIRTH INJURY
7	NOT CLASSIFIABLE



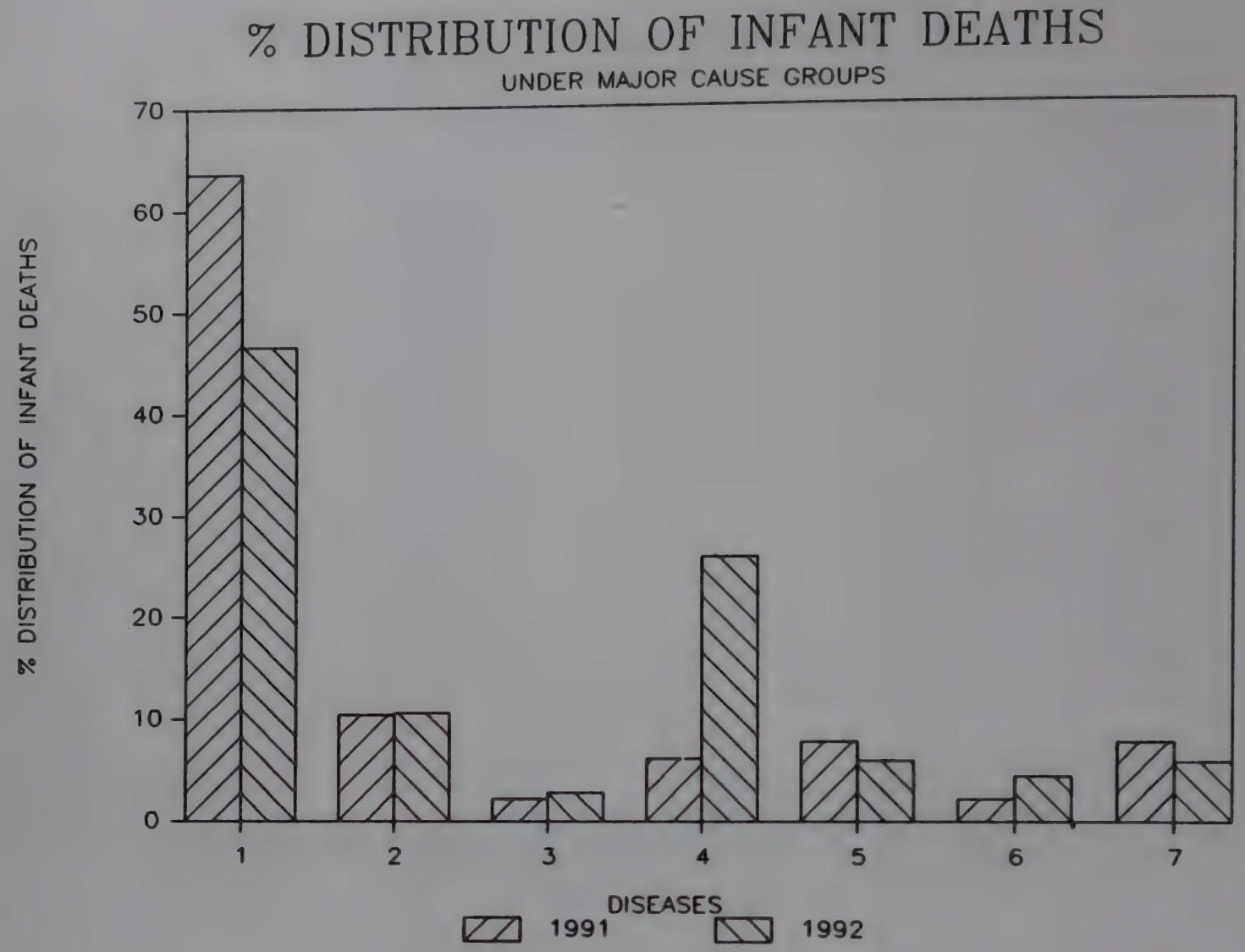
OTHER CLEAR SYMPTOMS

1	CANCER
2	JAUNDICE
3	CIRRHOSIS OF LIVER
4	DIABETES
5	TETANUS
6	URAEMIA
7	OTHERS



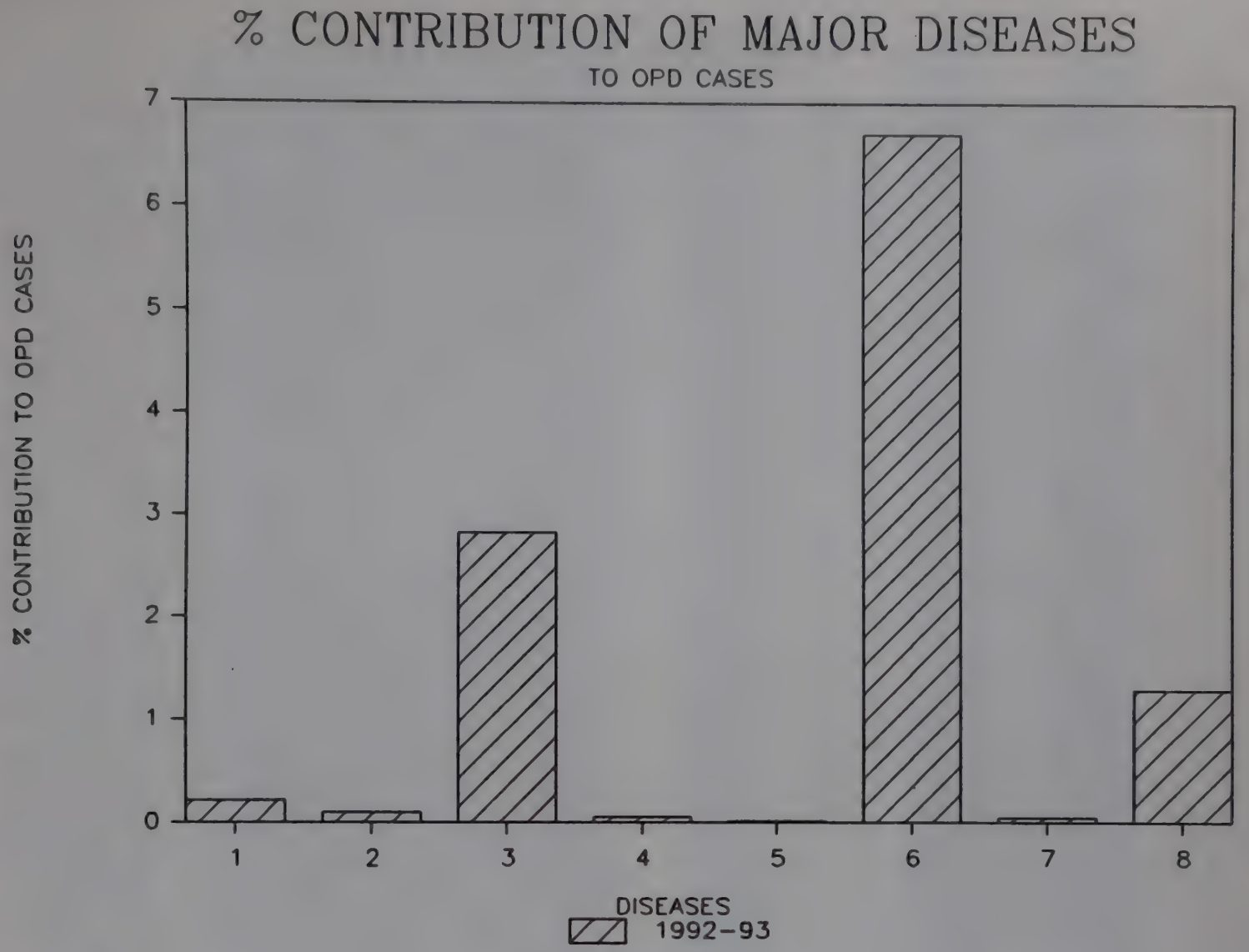
SELECTED DISEASES

1	ANAEMIA
2	BRONCHITIS/ASTHMA
3	HEART ATTACKS
4	GASTROENTERITIS
5	TB OF LUNGS
6	CANCER
7	PNEUMONIA
8	PREMATURITY
9	OTHERS



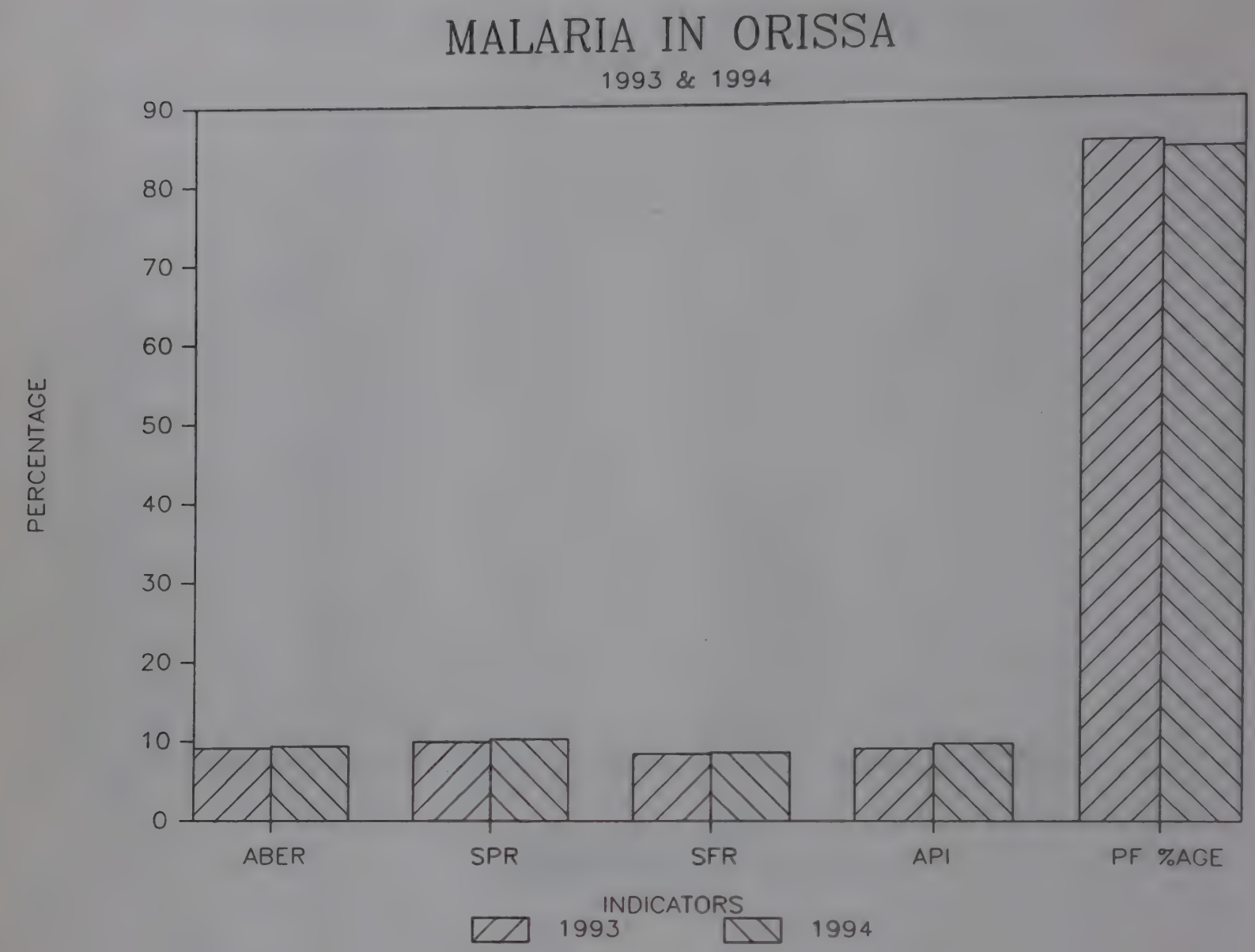
INFANT DEATH CAUSE GROUPS

1	CAUSES PECULIAR TO INFANCY
2	COUGHS
3	FEVER
4	DIGESTIVE DISORDER
5	DISEASES OF CIRCULATORY SYSTEM
6	DISEASES OF CENTRAL NERVOUS SYSTEM
7	OTHERS



DISEASES CONTRIBUTING TO OPD CASES

1	TUBERCULOSIS
2	LEPROSY
3	MALARIA
4	VENEREAL DISEASES
5	CHILDHOOD DISEASES
6	ACUTE RESPIRATORY INFECTION
7	OBSTETRIC CAUSES
8	NUTRITUTIONAL DEFICIENCIES



MALARIA INDICATORS

1 ANNUAL BLOOD EXAMINATION RATE (ABER)

2 SLIDE POSITIVITY RATE (SPR)

3 SMEAR FALCIPARUM RATE (SFR)

4 ANNUAL PARASITE INDEX (API)

5 PLASMODIUM FALCIPARUM PERCENTAGE (PF %AGE)

GOALS AS ENVISAGED IN THE NATIONAL HEALTH POLICY (NHP) ACHIEVEMENT IN 1990, AND CURRENT LEVEL OF ACHIEVEMENT

INDICATOR	LEVEL AS QUOTED IN NHP	GOALS			ACHIEVEMENTS IN 1990		CURRENT LEVEL OF ACHIEVEMENT AS PER LATEST AVAILABLE FIGURES	
		1985	1990	2000	INDIA	ORISSA	INDIA	ORISSA
1. IMR :								
RURAL	136 (1978)	122	-	-	86	127	82 (1993)	115 (1993)
URBAN	70 (1978)	60	-	-	50	68	45 (1993)	69 (1993)
COMBINED	125 (1978)	106	87	60	80	122	74 (1993)	110 (1993)
PERINATAL MORTALITY	67 (1976)	-	-	30-35	49.6	60.7	47.5 (1992)	68.8 (1993)
2. CDR	14 (1978)	12.0	10.4	9.0	9.6	11.7	9.2	12.2 (1993)
3. MMR	4-5 (1976)	3-4	2-3	BELOW 2	4	5.50 (?)	4 (1993)	7.38 (1993)
4. LIFE EXPECTANCY :								
MALE	52.6 (76-81)	55.1	57.6	64	58.1 (86-91)	57.7 (86-90)	60.6 (91-96)	60.13 (91-96)
FEMALE	51.6 (76-81)	54.3	57.1	64	59.1 (86-91)	56.6 (86-90)	61.7 (91-96)	58.40 (91-96)
5. CBR	35	31	27	21	29.9	30.0	28.5 (1993)	27.2 (1993)
6. CPR	23.6 (1982)	37	42	60	44.1	40.7	45.5 (1994)	41.64 (1994)
7. GROWTH RATE	2.24 (71-81)	1.90	1.66	1.20	-	1.95 (81-91)	2.14 (81-91)	2.01 (81-91)

SOME IMPORTANT INDICATORS AS THEY STOOD AT THE TIME OF ADOPTION/IMPLEMENTATION OF NHP AND A DECADE LATER ALONG WITH % CHANGE : ORISSA & INDIA.

Indicator	Orissa			India		
	Time of Implementing NHP	Decade Later	% Change	time of Implementing NHP	Decade Later	% Change
1. Life Expectancy	50.8 (1980)	54.3 (1990)	+6.89	54.5 (1980)	58.6 (1990)	+7.52
2. CDR	12.5 (1983)	12.2 (1993)	-2.40	11.9 (1983)	9.2 (1993)	-22.69
3. IMR	126 (1983)	110 (1993)	-12.70	105 (1983)	74 (1993)	-29.52
4. Sex Ratio	981 (1981)	971 (1991)	-1.02	935 (1981)	927 (1991)	-0.86
5. CBR	33.4 (1983)	27.2 (1993)	-18.56	33.7 (1983)	28.7 (1993)	-14.84
6. TFR	3.9 (1985)	3.1 (1992)	-20.51	4.2 (1985)	3.6 (1992)	-14.29
7. GFR	127.6 (1985)	105.6 (1992)	-17.24	136.3 (1985)	118.6 (1992)	-12.99
8. Decadal Variation	20.17 (1971-81)	20.06 (1981-91)	-0.55	24.66 (1971-81)	23.85 (1981-91)	-3.28

Figures in Parenthesis denote the year of reference.

AREA AND POPULATION SERVED BY SUBCENTRES, PHCS AND CHCS

ITEM	ORISSA	INDIA
I Sub-Centres		
(a) Average Population served (Nos.)	4627	4781
(b) Average Area Covered (sq. kms.)	25.88	23.90
(c) Radial Distance Covered (kms)	2.87	2.76
(d) No. of Villages served	8.59	4.47
II PHCs		
(a) Average Population served (Nos.)	26.02	29.58
(b) Average Area Covered (sq. kms)	145.55	147.88
(c) Radial Distance Covered (kms)	6.80	6.85
(d) No. of villages served	48.27	27.68
III CHCs		
(a) Average Population served (Nos.)	1,79,000	2,70,000
(b) Average Area Covered (sq.kms)	1002.73	1350.18
(C) Radial Distance Covered (kms)	17.86	20.72
(d) No. of villages served	332.59	252.85

HEALTH PERSONNEL AVAILABLE IN RURAL AREAS OF INDIA AND ORISSA

STAFF	ORISSA	INDIA
I Specialists		
(a) Required	612	9312
(b) In position	248	2526
(c) Availability (%)	40.52	27.13
II Doctors		
(a) Required	1054	21254
(b) In Position	418	23803
(c) Availability (%)	39.66	111.99
III ANMs		
(a) Required	5927	131476
(b) In Position	6241	129089
(c) Availability (%)	105.30	98.18

SOURCE : *Rural Health Statistics, Dec. 1994, Director General of Health services, Gout of India.*

SOURCE OF MEDICAL CARE AND AVERAGE COST OF TREATMENT PER ILLNESS EPISODE

TYPE OF FACILITY	ORISSA		INDIA	
	AVERAGE (Rs)	%	AVERAGE (Rs)	%
I RURAL :				
(i) Govt. Hospital	126.72	61.14	187.32	28.02
(ii) ESI Hospitals	30.00	0.05	161.11	1.59
(iii) Private Hospitals & Clinics	124.94	7.21	154.31	43.43
(iv) PHCs	76.52	15.78	119.38	8.18
(v) Charitable Dispensaries	10.00	0.34	81.82	0.96
(vi) Medical Shops	23.09	5.37	130.43	10.82
(vii) Others	15.95	10.11	71.13	6.89
II URBAN				
(i) Govt. Hospitals	74.95	60.00	123.79	31.16
(ii) ESI hospitals	67.67	2.98	94.88	2.10
(iii) Private Hospitals	109.29	29.07	174.21	43.95
(iv) PHCs	59.92	2.05	120.82	5.80
(v) Charitable dispensaries	40.00	0.32	204.99	0.88
(vi) Medical shops	51.38	2.47	97.99	13.59
(vii) Others	6.75	3.11	115.17	2.52

AVERAGE COST OF TREATMENT PER ILLNESS EPISODE BY TYPE OF MEDICAL TRATMENT IN RUPEES

	ORISSA AVERAGE (RS)	INDIA
I RURAL		
(i) Govt. Doctors	118.31	168.99
(ii) Pvt. Doctors	85.16	146.70
(iii) Paramedicals	21.52	127.15
(iv) Religious Persons	-	165.95
(v) Self medication	14.25	18.95
II URBAN		
(i) Govt. Doctors	75.48	126.32
(ii) Private Doctor	106.39	164.44
(iii) Paramedicars	-	51.30
(iv) Religious Persons	2.00	118.09
(v) Self medication	12.06	28.22

AVERAGE COST OF TREATMENT PER ILLNESS EPISODE TREATED BY SYSTEM OF MEDICAL TREATMENT

		ORISSA	INDIA
I	RURAL		
(i)	Allopathy	118.71	167.04
(ii)	Homeopathy	41.98	124.03
(iii)	Ayurvedic	77.16	91.10
(iv)	Rituals	0	165.94
(v)	Self medication	14.25	18.98
II	URBAN		
(i)	Allopathy	85.02	150.87
(ii)	Homeopathy	75.71	136.26
(iii)	Ayurvedis	113.38	104.16
(iv)	Rituals	2.00	118.09
(v)	Self medication	12.06	48.27

District-wise Sex-Ratio (Combined) statistics : 1991 Districts ranked and arranged in ascending order (Low to High)

RANK	DISTRICT NAME	SEX RATIO
1.	KHURDA	903
2.	CUTTACK	919
3.	SUNDARGARH	936
4.	ANUGUL	942
5.	JHARSUGUDA	944
6.	DHENKANAL	954
7.	BALESORE	955
8.	NAYAGARH	958
9.	PURI	970
10.	JAGATSINGHPUR	977
10.	JAJPUR	977
11.	BARAGARH	979
11.	KEONJHAR	979
11.	MAYURBHANJA	979
11.	SONEPUR	979
12.	BOLANGIR	981
12.	SAMBALPUR	981
13	BHADRAK	985
13.	MALKANGIRI	985
14.	BOUDH	987
15.	NOWRANGPUR	989
16.	KORAPUT	991
17.	DEOGARH	992
18.	KALAHANDI	999
18.	PHULBANI	999
19.	NAWAPARA	1002
20.	GANJAM	1006
21.	KENDRAPARA	1007
22.	RAYAGADA	1012
23.	GAJAPATI	1027

District-wise "Point-Difference" observed in Sex-Ratio (combined) between 1981-91 Districts ranked and arranged in ascending order (Low to High)

RANK	DISTRICT NAME	SEX RATIO
1.	KHURDA	-96
2.	CUTTACK	-54
3.	JHARSUGUDA	-53
3.	SUNDARGARH	-53
4.	GANJAM	-46
5.	DHENKANAL	-36
5.	JAGATSINGHPUR	-36
6.	JAJPUR	-25
7.	ANUGUL	-24
7.	BHADRAK	-24
8.	BALESORE	-21
8.	BOLANGIR	-21
8.	KEONJHAR	-21
8.	MAYURBHANJA	-21
9.	BARAGARH	-19
10.	PHULBANI	-14
10.	PURI	-14
11.	KALAHANDI	-13
11.	NAWAPARA	-13
12.	RAYAGADA	-11
13.	NAYAGARH	-10
14.	KORAPUT	-8
15.	SONEPUR	-7
16.	NOWRANGPUR	-5
16.	SAMBALPUR	-5
17.	BOUDH	-4
18.	GAJAPATI	-2
19.	KENDRAPARA	3
20.	MALKANGIRI	7
21.	DEOGARH	14

Block-wise Sex & Ratio Statistics : 1991
Blocks ranked and arranged in ascending order (Low to High)

RANK	DISTRICT NAME	SEX RATIO	RANK	DISTRICT NAME	SEX RATIO
1.	KHARIAR (NAWAPARA)	878	25.	DANGADI (JAJPUR)	958
2.	LEPHARIPARA (SUNDARGARH)	922	25.	BARANG (CUTTACK)	958
3.	BARAGARH (BARAGARH)	924	25.	JATANI (KHURDA)	958
3.	DHENKANAL SADAR (DHENKANAL)	924	26.	JAJPUR (JAJPUR)	959
4.	TALCHER (ANUGUL)	925	26.	RAIRAKHOL (SAMBALPUR)	959
5.	ATTHAMALIK (ANUGUL)	926	26.	LATHIKATA (SUNDARGARH)	959
6.	BALSORE (BALESORE)	929	27.	PURI SADAR (PURI)	960
7.	REMUNA (BALESORE)	931	27.	DHARAMSALA(JAJPUR)	960
8.	CUTTACK (CITTACL)	937	27.	BARIPADA (MAYURBHANJA)	960
9.	KANIHA (ANUGUL)	938	27.	PARAJANG (DHENKANAL)	960
10.	SUKINDA (JAJPUR)	939	28.	MAHAKALPARA (KENDRAPARA)	961
11.	NUAGAON (NAYAGARH)	940	29.	DERABIS (KENDRAPARA)	962
11.	BASODEV PUR (BHADRAK)	940	30.	DASAPALLA (NAYAGARH)	963
11.	TANGI CHOWDUAR (CUTTACK)	940	30.	RAJANAGAR (KENDRAPARA)	963
12.	GANIA (NAYAGARH)	942	31.	NILAGIRI (BALESORE)	964
13.	NAYAGARH (NAYAGARH)	943	31.	PALLAHARA (ANUGUL)	964
14.	BANKI (CUTTACK)	947	31.	KAKARAHADA (DHENKANAL)	964
14.	NARSINGHPUR (CUTTACK)	947	32.	KRMSHNAPRASAD (PURI)	965
14.	SALAPUR (CUTTACK)	947	32.	NISCHINTA KOILI (CUTTACK)	965
15.	BALIAPAL (BALESORE)	948	33.	BADSAHI (MAYURBHANJA)	966
16.	BHOGRAI (BALESORE)	949	34.	SATYBADI (PURI)	967
16.	MAHANGA (CUTTACK)	949	34.	ATTABIRA (BARAGARH)	967
17.	KHANDAPARA (NAYAGARH)	950	34.	PUNITALA (BOLANGIR)	967
17.	TIGIRIA (CUTTACK)	950	34.	BIRMAHARAJPUR (SONEPUR)	967
18.	ODOGAON (NAYAGARH)	951	34.	KAMAKHYANAGAR (DHENKANAL)	967
18.	LAKHANPUR (JHARSUGUDA)	951	35.	PIPILI (PURI)	968
19.	DHANKUDA (SAMBALPUR)	952	35.	RASULPUR (JAJPUR)	968
19.	BASTA (BALESORE)	952	35.	BAHANAGA (BALESORE)	968
19.	KULINA (MAYURBHANJA)	952	35.	BETANOTI (MAYURBHANJA)	968
19.	GOINDIA (DHENKANAL)	952	35.	CHHENDIPADA (ANUGUL)	968
20.	BANARPAL (ANUGUL)	953	36.	KAPTIPADA (MAYURBHANJA)	969
21.	SARASKANA (MAYURBHANJA)	954	36.	HEMGIR (SUNDARGARH)	969
22.	BARCHANA (JAJPUR)	955	36.	BALIANTA (KHURDA)	969
22.	JALESWAR (BALESORE)	955	36.	BALIPATANA (KHURDA)	969
22.	ODAPADA (DHENKANAL)	955	36.	KIRMIRA (JHARSUGUDA)	969
23.	BADAMBA (CUTTACK)	956	37.	BARPALI (BARAGARH)	970
23.	BHUBANESWAR (KHURDA)	956	37.	KUNJANGA (JAGATSINGHPUR)	970
24.	KODIA (SUNDARGARH)	957	38.	GHASIPUR (KEONJHAR)	971
24.	BHUBAN (DHENKANAL)	957	38.	ATHAGARH (CUTTACK)	971

RANK	DISTRICT NAME	SEX RATIO
39.	HARICHANDRAPUR (KEONJHAR)	972
39.	HATADIHI (KEONJHAR)	972
39.	MANESWAR (SAMBALPUR)	972
40.	KALIMELA (MALKANGIRI)	973
40.	UMERKOTE (NOWRANGPUR)	973
40.	NIALKI (CUTTACK)	973
41.	TELKOI (KEONJHAR)	974
41.	KHUNTA (MAYURBHANJA)	974
41.	SULIPADA (MAYURBHANJA)	974
41.	BISRA (SUNDARGARH)	974
41.	TANGI (KHURDA)	974
41.	KISHORENAGAR (ANUGUL)	974
42.	BALIGUDA (PHULBANI)	975
42.	KORAPUT (KORAPUT)	975
42.	TENTULIKHUNTI (NOWRANGPUR)	975
42.	RASAGOBINDAPUR (MAYURBHANJA)	975
42.	BOLAGARH (KHURDA)	975
43.	JODA (KEONJHAR)	976
44.	BHEDEN (BARAGARH)	977
44.	JUJUMARA (SAMBALPUR)	977
45.	BHADRAK (BHADRAK)	978
45.	CHANDABALI (BHADRAK)	978
45.	BOLANGIR (BOLANGIR)	978
45.	BIRIDI (JAGATSINGHPUR)	978
45.	GOPABANDHU NAGAR (MAYURBHANJA)	978
46.	KUKUDAKHANDI (GANJAM)	979
46.	SANAKHEMUND (GANJAM)	979
46.	PATTANGI (KORAPUT)	979
47.	SAINTALA (BOLANGIR)	980
47.	ANANDAPUR (KEONJHAR)	980
47.	BINIKA (SONEPUR)	980
47.	BARGAON (SUNDARGARH)	980
47.	KUANRMUNDA (SUNDARGARH)	980
47.	REAMAL (DEOGARH)	980
48.	NIMAPARA (PURI)	981
48.	KORKUNDA (MALKANGIRI)	981
49.	GOP (PURI)	982
49.	SERAGUDA (GANJAM)	982
49.	KOREI (JAJPUR)	982
49.	SAMAKHUNTA (MAYURBHANJA)	982
50.	MARSHAGHAI (KENDRAPARA)	983
50.	KOTPAD (KORAPUT)	983
50.	UDALA (MAYURBHANJA)	983
50.	BEGUNIA (KHURDA)	983
51.	NARAYANPATNA (KORAPUT)	984
51.	JAMANKIRA (SAMBALPUR)	984
51.	ULLUNDA (SONEPUR)	984
51.	NARLA (KALAHANDI)	984
52.	HARABHANGA (BOUDH)	985
52.	AGALPUR (BOLANGIR)	985
52.	PATNANGARH (BOLANGIR)	985
52.	ERSAMA (JAGATSINGHPUR)	985
52.	JEYPORE(KORAPUT)	985
52.	KUDMULUGUDA (MALKANGIRI)	985
52.	MATHILI (MALKANGIRI)	985
52.	PADIA (MALKANGIRI)	985
52.	DABUGAON (NOWRANGPUR)	985
53.	SOHELA (BARAGARH)	986
53.	RAMNAGUDA (RAYAGADA)	986
54.	KEONJHARGARH (KEONJHAR)	987
54.	LAHUNIPARA (SUNDARGARH)	987
55.	BHAPUR (NAYAGARH)	988
55.	BANT (BHADRAK)	988
55.	KANTAMAL (BOUDH)	988
55.	NANDAHANDI (NOWRANGPUR)	988
55.	RAIGHAR (NOWRANGPUR)	988
55.	NAKTIDEUL (SAMBALPUR)	988
55.	ANUGUL (ANUGUL)	988
56.	KENDRAPARA (KENDRAPARA)	989
56.	KOSAGUMUDA (NOWRANGPUR)	989
56.	SIMULIA (BALESORE)	989
56.	BANGIRIPOSI (MAYURBHANJA)	989
56.	SUNDARGARH (SUNDARGARH)	989
57.	KAKATPUR (PURI)	990
57.	AMBABHANAR (BARAGARH)	990
57.	TENTULIKHUNTI (BOLANGIR)	990
57.	JAGATSINGHPUR (JAGATSINGHPUR)	990
57.	SORO (BALESORE)	990
57.	MORADA (MAYURBHANJA)	990
58.	KOTHGARH (PHULBANI	991
58.	BHATALI (BARAGARH)	991
58.	RAJBARSAMBAR (BARAGARH)	991
58.	NOWRANGPUR (NOWRANGPUR)	991

RANK	DISTRICT NAME	SEX RATIO
58.	CHANDRAPUR (RAYAGADA)	991
58.	KUTRA (SUNDARGARH)	991
58.	NUAGAON (SUNDARGARH)	991
58.	KHURDA (KHURDA)	991
58.	BARKOT (DEOGARH)	991
59.	KHAJURIPARA (PHULBANI)	992
59.	DEOGAON (BALANGIR)	992
59.	TUREIKELA (BOLANGIR)	992
59.	SONEPUR (SONEPUR)	992
59.	MANDANPUR RAMPUR (KALAHANDI)	992
59.	KANTAPARA (CUTTACK)	992
59.	BANEIGARH (SUNDARGARH)	992
59.	RAJAGANGPUR (SUNDARGARH)	992
59.	R.UDAYAGIRI (GAJAPATI)	992
60.	BELPARA (BOLANGIR)	993
60.	LOISINGA (BOLANGIR)	993
60.	SORADA (GANJAM)	993
60.	RAGHUNANPUR (JAGATSINGHPUR)	993
60.	JASHIPUR (MAYURBHANJA)	993
61.	PHULBANI (PHULBANI)	994
61.	DELANGA (PURI)	994
61.	GAISILET (BARAGARH)	994
61.	DIGAPAHANDI (GANJAM)	994
61.	BORIGUMA (KORAPUT)	994
61.	BORIGUMA (KORAPUT)	994
61.	LAXMIPUR (KORAPUT)	994
61.	RENGAL (SAMBALPUR)	994
61.	PADAMPUR (RAYAGADA)	994
61.	JHARSUGUDA (JHARSUGUDA)	994
62.	BOUDH (BOUDH)	995
62.	DHARAKOTE (GANJAM)	995
62.	JAGANATHAPRASAD (GANJAM)	995
62.	KUCHINDA (SAMBALPUR)	995
62.	KARLAMUNDA (KALAHANDI)	995
62.	SINAPALI (NAWAPARA)	995
63.	KHAPARKHOL (BOLANGIR)	996
63.	PAPADAHANDI (NOWRANGPUR)	996
63.	KULABIRA (JHARSUGUDA)	996
64.	DAMPARA (CUTTACK)	997
65.	TITLAGARH (BOLANGIR)	998
65.	RNNGELIIUNDA (GANJAM)	998
65.	JHUMPUR (KEONJHAR)	998
65.	DHARAMGARH (KALAHANDI)	998
66.	TUMUNDIBANDHA (PHULBANI)	999
66.	GHATAGAON (KEONJHAR)	999
67.	BHANJANAGAR (GANJAM)	1000
67.	KARANJIA (MAYURBHANJA)	1000
68.	BHANDARI POKHARI (BHADRAK)	1001
68.	TARAVA (SONEPUR)	1001
68.	GURUNDIA (SUNDARGARH)	1001
68.	BANPUR (KHURDA)	1001
68.	CHILIKA (KHURDA)	1001
69.	MURIBHAL (BOLANGIR)	1002
69.	LANJIGARH (KALAHANDI)	1002
70.	BIJEPUR (BARAGARH)	1003
70.	BANGOMUNDA (BOLANGIR)	1003
70.	KUNDRA (KORAPUT)	1003
70.	CHANDAHANDI (NOWRANGPUR)	1003
70.	GOLAMUNDA (KALAHANDI)	1003
70.	BODEN (NAWAPARA)	1003
71.	RANPUR (NAYAGARH)	1004
71.	TIKABALI (PHULBANI)	1004
71.	BAIPARIGUDA (KORAPUT)	1004
71.	MALKANGIR (MALKANGIRI)	1004
71.	TILEIBANI (DEOGARH)	1004
72.	NUAGAON (PHULBANI)	1005
72.	JHARIGAON (NOWRANGPUR)	1005
72.	KESINGA (KALAHANDI)	1005
72.	SUBDEGA (SUNDARGARH)	1005
73.	SIMLIGUDA (KORAPUT)	1006
73.	BAMARA (SAMBALPUR)	1006
73.	KHAIRA (BALESORE)	1006
73.	JAYAPATNA (KALAHANDI)	1006
73.	KOMNA (NAWAPARA)	1006
74.	BANSPAL (KEONJHAR)	1007
74.	NANDAPUR (KORAPUT)	1007
75.	CHAKAPADA (PHULBANI)	1008
75.	KANAS (PURI)	1008
75.	KUSUMI (MAYURBHANJA)	1008
75.	HINDUL (DHENKANAL)	1008
76.	BRAHMAGIRI (PURI)	1009
76.	PAIKMAL (BARAGARH)	1009
76.	JUNAGARH (KALAHANDI)	1009
76.	GUDARI (RAYAGADA)	1009

RANK	DISTRICT NAME	SEX RATIO
76.	BAHALDA (MAYURBHANJA)	1009
77.	BHAWANIPATNA (KALAHANDI)	1010
77.	NAWAPARA (NAWAPARA)	1010
77.	PARLAKHAMUNDI (GUJAPATI)	1010
78.	GANJAM (GANJAM)	1011
78.	MUNGIGUDA (RAYAGADA)	1011
79.	PHIRINGIA (PHULBANI)	1012
79.	THAKURMUNDA (MAYURBHANJA)	1012
79.	KASINAGAR (GAJAPATI)	1012
80.	BALIKUDA (JAGATSINGHPUR)	1013
80.	KASHIPUR (RAYAGADA)	1013
80.	JAMDA (MAYURBHANJA)	1013
81.	PURUSOTTAMPUR (GANJAM)	1014
81.	CHAMPUA (KEONJHAR)	1014
81.	TIRING (MAYURBHANJA)	1014
82.	JHARBANDHA (BARAGARH)	1015
82.	TIRTOL (JAGATSINGHPUR)	1015
83.	DUNGURIPALI (SONEPUR)	1016
84.	TIHIDI (BHADRAK)	1017
84.	GARADPUR (KENDRAPARA)	
84.	KALAMPUR (KALAHANDI)	1017
84.	SUKRULI (MAYURBHANJA)	1017
85.	PATNA (KEONJHAR)	1018
85.	BISOI (MAYURBHANJA)	1018
85.	MOHANA (GAJAPATI)	1018
86.	KHALIKOTE (GANJAM)	1019
86.	KHAIRPUT (MALKANGIRI)	1019
86.	GUNPUR (RAYAGADA)	1019
87.	KOLNARA (RAYAGADA)	1020
87.	RAYAGADA (RAYAGADA)	1020
88.	BINJHARPUR (JAJPUR)	1021
88.	DASMANTHAPUR (KORAPUT)	1021
88.	RARUAN (MAYURBHANJA)	1021
89.	RAIKIA (PHULBANI)	1022
90.	LAIKIRA (JHARSUGUDA)	1023
91.	OUPADA (BALESORE)	1024
91.	BALISANKARA (SUNDARGARH)	1024
92.	HINJILI (GANJAM)	1025
92.	KOKSARA (KALAHANDI)	1025
93.	DASARATHPUR (JAJPUR)	1026
93.	THUAMUL RAMPUR (KALAHANDI)	1026
94.	G UDAYAGIRI (PHULBANI)	1029
94.	SAHARPADA (KEONJHAR)	1029
95.	NUAGAON (JAGATSINGHPUR)	1031
95.	LAMPTAPUT (KORAPUT)	1031
96.	ASIKA (GANJAM)	1033
96.	BIJATOLA (MAYURBHANJA)	1033
97.	BANDUGAON (KORAPUT)	1034
98.	BARI (JAJPUR)	1036
99.	DHAMANAGAR (BHADRAK)	1040
100.	CHIKITI (GANJAM)	1041
101.	KALXANSINGPUR (RAYAGADA)	1044
102.	DARINGIBADI (PHULBANI)	1046
102.	KODALA (GANJAM)	1046
102.	PATRAPUT (GANJAM)	1046
103.	BUGUDA (GANJAM)	1050
104.	BISSAM CUTTACK (RAYAGADA)	1051
105.	RAYAGADA (GAJAPATI)	1055
106.	KAVISURYA NAGAR (GANJAM)	1059
107.	RAJKANIKA (KENDRAPARA)	1064
108.	POLASARA (GANJAM)	1066
109.	NUGADA (GAJAPATI)	1067
110.	PATTAMUNDAI (KENDRAPARA)	1082
111.	BELGUNTAA (GANJAM)	1083
112.	GUMA (GAJAPATI)	
113.	AUL (KENDRAPARA)	1097

Block-wise Point-Difference observed in Sex-Ratio between : 1981-1991
Blocks ranked and arranged in decending order (High to Low)

RANK	BLOCK/DISTRICT NAME	POINT DIFF.
1.	THUAMUL RAMPUR (KALAHANDI)	60
2.	KISHORENAGAR (ANUGUL)	47
3.	KALICELA (MALKANGIRI)	45
4.	GUMA (GAJAPATI)	41
5.	TILEIBANI (DEOGARH)	39
6.	RAJKANIKA (DENDRAPARA)	36
7.	KHANDAPARA (NAYAGARH)	32
8.	KUDMULUGUDA (MALKANGIR)	29
8.	OUPADA (BALESORE)	29
9.	KOIDA (SUNDARGARH)	26
10.	PATTAMUNDAI (KENDRAPARA)	25
11.	KOTHGARH (PHULBANI)	23
12.	TUMUNDIBANDHA (PHULBANI)	23
12.	BAIPARIGUDA (KORAPUT)	23
12.	NARAYANPATNA (KORAPUT)	23
12.	BISSAM CUTTACK (RAYAGADA)	23
13.	CHANDABALI (BHADRAK)	22
14.	LATHIKATA (SUNDARGARH)	21
14.	LAHUNIPARA (SUNDARGARH)	21
15.	AUL (KENDRAPARA)	20
15.	KORKUNDA (MALKANGIRI)	20
15.	DUNGURIPALI (SONEPUR)	20
15.	CHILIKA (KHURDA)	20
15.	RAYAGADA (GAJAPATI)	20
16.	MAHAKALPARA (KENDRAPARA)	19
17.	RAJANAGAR (KENDRAPARA)	18
18.	SAMAKHUNTA (MAYURBHANJA)	16
18.	TALCHER (ANUGUL)	16
19.	RAJAGANGPUR (SUNDARGARH)	15
20.	PADIA (MALKANGIRI)	14
20.	LANJIGARH (KALAHANDI)	14
21.	CHAMPUA (KEONJHAR)	13
21.	MALKANGIR (MALKANGIRI)	13
21.	BIRMAHARAJPUR (SONEPUR)	13
21.	DAMPARA (CUTTACK)	13
22.	KUNDRA (KORAPUT)	12
22.	BISRA (SUNDARGARH)	12
23.	BAMARA (SAMBALPUR)	11
23.	CHANDRAPUR (RAYAGADA)	11
23.	UDALA (MAYURBHANJA)	11
24.	KANAS (PURI)	10
24.	BANDUGAON (KORAPUT)	10
25.	ATHAGARH (CUTTACK)	9
25.	BALISANKARA (SUNDARGARH)	9
26.	KOSAGUMUDA (NOWRANGUPUR)	8
26.	NAKTIDEUL (SAMBALPUR)	8
26.	BIJATOLA (MAYURBHANJA)	8
26.	BARKOT (DEOGARH)	8
27.	GOP (PURI)	7
28.	NIMAPARA (PURI)	6
28.	TANGI CHOWDUAR (CUTTACK)	6
28.	GURUNDIA (SUNDARGARH)	6
28.	KAKARAHADA (DHENKANAL)	6
28.	KASINAGAR (GAJAPATI)	6
29.	ERSAMA (JAGATSINGHPUR)	5
29.	LAMPTAPUT (KORAPUT)	5
29.	MONANA (GAJAPATI)	5
30.	KUNJANGA (JAGATSINGHPUR)	4
30.	TARAVA (SONEPUR)	4
30.	HINDUL (DHENKANAL)	4
31.	KRMSHNAPRASAD (PURI)	3
31.	NOWRANGPUR (NOWRANGPUR)	3
31.	ULLUNDA (SONEPUR)	3
31.	KOLNARA (RAYAGADA)	3
32.	DASAPALLA (NAYAGARH)	2
32.	BHANDARI POKHARI (BHADRAK)	2
32.	BANSPAL (KEONJHAR)	2
32.	PATNA (KEONJHAR)	2
32.	DASMANTHAPUR (KORAPUT)	2
32.	JHARIGAON (NOWRANGPUR)	2
32.	BANGIRIPOSI (MAYURBHANJA)	2
32.	KAPTIPADA (MAYURBHANJA)	2
33.	KENDRAPARA (KENDRAPARA)	1
33.	SIMLIGUDA (KORAPUT)	1
33.	JAMANKIRA (SAMBALPUR)	1
33.	JALESWAR (BALESORE)	1
33.	KUSUMI (MAYURBHANJA)	1
33.	BANEIGARH (SUNDARGARH)	1

RANK	BLOCK/DISTRICT NAME	POINT DIFF.
34.	DARINGIBADI (PHULBANI)	0
34.	RAIKIA (PHULBANI)	0
34.	JHARBANDHA (BARAGARH)	0
34.	PAIKMAL (BARAGARH)	0
34.	HARABHANGA (BOUDH)	0
34.	GANJAM (GANJAM)	0
34.	RAIRAKHOL (SAMBALPUR)	0
34.	KOKSARA (KALAHANDI)	0
34.	GOPABANDHU NAGAR (MAYURBHANJA)	0
35.	JEYPORE (KORAPUT)	-1
35.	SUBDEGA (SUNDARGARH)	-1
36.	KAKATPUR (PURI)	-2
36.	PIPILI (PURI)	-2
36.	BOUDH (BOUDH)	-2
36.	BANGOMUNDA (BOLANGIR)	-2
36.	TENTULIKHUNTI (BOLANGIR)	-2
36.	NANDAPUR (KORAPUT)	-2
36.	KOMNA (NAWAPARA)	-2
36.	RASAGOBINDAPUR (MAYURBHANJA)	-2
36.	THAKURMUNDA (MAYURBHANJA)	-2
36.	JATANI (KHURDA)	-2
36.	JHARSUGUDA (JHARSUGUDA)	-2
37.	PHIRINGIA (PHULBANI)	-3
37.	BELPARA (BOLANGIR)	-3
37.	MURIBHAL (BOLANGIR)	-3
37.	SORADA (GANJAM)	-3
37.	KOTPAD (KORAPUT)	-3
37.	RAIGHAR (NOWRANGPUR)	-3
37.	BISOI (MAYURBHANJA)	-3
37.	BHUBANESWAR (KHURDA)	-3
37.	CHHENDIPADA (ANUGUL)	-3
37.	KIRMIRA (JHARSUGUDA)	-3
38.	PURI SADAR (PURI)	-4
38.	KANTAMAL (BOUDH)	-4
38.	ANANDAPUR (KEONJHAR)	-4
38.	MARSHAGHAI (KENDRAPARA)	-4
38.	PAPADAHANDI (NOWRANGPUR)	-4
38.	UMERKOTE (NOWRANGPUR)	-4
38.	BAHALDA (MAYURBHANJA)	-4
38.	KUANRMUNDA (SUNDARGARH)	-4
38.	LAIKIRA (JHARSUGUDA)	-4
39.	GHATAGAON (KEONJHAR)	-5
39.	DABUGAON (NOWRANGPUR)	-5
39.	BINIKA (SONEPUR)	-5
39.	KALXANSINGPUR (RAYAGADA)	-5
39.	MUNGIGUDA (RAYAGADA)	-5
39.	MORADA (MAYURBHANJA)	-5
40.	KEONJHARGARH (KEONJHAR)	-6
40.	GARADPUR (KENDRAPARA)	-6
40.	TENTULIKHUNTI (NOWRANGPUR)	-6
41.	CHAKAPADA (PHULBANI)	-7
41.	SOHELA (BARAGARH)	-7
41.	BHANJANAGAR (GANJAM)	-7
41.	HARICHANDRAPUR (KEONJHAR)	-7
41.	PATTANGI (KORAPUT)	-7
41.	PALLAHARA (ANUGUL)	-7
41.	REAMAL (DEOGARH)	-7
41.	BHUBAN (DHENKANAL)	-7
42.	NUAGAON (PHULBANI)	-8
42.	BRAHMAGIRI (PURI)	-8
42.	BIJEPUR (BARAGARH)	-8
42.	TUREIKELA (BOLANGIR)	-8
42.	SAHARPADA (KEONJHAR)	-8
42.	KHAIRPUT (MALKANGIRI)	-8
42.	KHAIRPUT (MALKANGIRI)	-8
42.	CHANDAHANDI (NOWRANGPUR)	-8
42.	BANKI (CUTTACK)	-8
42.	R. UDAYAGIRI (GAJAPATI)	-8
43.	ATTABIRA (BARAGARH)	-9
43.	GAISILET (BARAGARH)	-9
43.	TELKOI (KEONJHAR)	-9
43.	DANGADI (JAPUR)	-9
43.	SONEPUR (SONEPUR)	-9
43.	BAHANAGA (BALESORE)	-9
43.	BALESORE (BALESORE)	-9
43.	BASTA (BALESORE)	-9
43.	SIMULIA (BALESORE)	-9
43.	GOLAMUNDA (KALAHANDI)	-9
43.	BODEN (NAWAPARA)	-9
43.	NISCHINTA KOILI (CUTTACK)	-9
44.	RANPUR (NAYAGARH)	-10
44.	DELANGA (PURI)	-10
44.	KHAPARKHOL (BOLANGIR)	-10

RANK	BLOCK/DISTRICT NAME	POINT DIFF.
44.	KUTRA (SUNDARGARH)	-10
45.	BANT (BHADRAK)	-11
45.	DHAMANAGAR (BHADRAK)	-11
45.	BELGUNTAA (GANJAM)	-11
45.	BALIKUDA (GANJAM)	-11
45.	RENGAL (SAMBALPUR)	-11
45.	KESINGA (KALAHANDI)	-11
45.	NUAGAON (SUNDARGARH)	-11
45.	PARLAKHAMUNDI (GAJAPATI)	-11
46.	ODOGAON (NAYAGARH)	-12
46	RAJBARSAMBAR (BARAGARH)	-12
46.	PATNANGARH (BOLANGIR)	-12
46.	NUAGAON (JAGATSINGHPUR)	-12
46.	BORIGUMA (KORAPUT)	-12
46.	JUJUJARA (SAMBALPUR)	-12
46.	KUCHINDA (SAMBALPUR)	-12
46.	MANESWAR (SAMBALPUR)	-12
46.	BHAWANIPATNA (KALAHANDI)	-12
46.	MANDANPUR RAMPUR (KALAHANDI)	-12
46.	NAWAPARA (NAWAPARA)	-12
46.	KANTAPARA (CUTTACK)	-12
46.	NIALI (CUTTACK)	-12
46.	BETANOTI (MAYURBHANJA)	-12
46.	KULINA (MAYURBHANJA)	-12
46.	BALIPATANA (KHURDA)	-12
47.	BALIGUDA (PHULBANI)	-13
47.	BARPALI (BARAGARH)	-13
47.	AGALPUR (BOLANGIR)	-13
47.	DIGAPAHANDI (GANJAM)	-13
47.	JHUMPUR (KEONJHAR)	-13
47.	REMUNA (BALESORE)	-13
47.	RARUAN (MAYURBHANJA)	-13
48.	NAYAGARH (NAYAGARH)	-14
48.	SATYBADI (PURI)	-14
48.	PURUSOTTAMPUR (GANJAM)	-14
48.	RASULPUR (JAJPUR)	-14
48.	SORO (BALESORE)	-14
48.	DHARAMGARH (KALAHANDI)	-14
48.	NARLA (KALAHANDI)	-14
48.	GUDARI (RAYAGADA)	-14
48.	RAIRANGAPUR (MAYURBHANJA)	-14
48.	BALIANTA (KHURDA)	-14
48.	ANUGUL (ANUGUL)	-14
48.	KULABIRA (JHARSUGUDA)	-14
49.	TIKABALI (PHULBANI)	-15
49.	JODA (KEONJHAR)	-15
49.	BARCHANA (JAJPUR)	-15
49.	DASARATHPUR (JAJPUR)	-15
49.	NUGADA (GAJAPATI)	-15
50.	LOISINGA (BOLANGIR)	-16
50.	HINJILI (GANJAM)	-16
50.	BARIPADA (MAYURBHANJA)	-16
51.	BHATALI (BARAGARH)	-17
51.	PUNITALA (BOLANGIR)	-17
51.	SUKINDA (JAJPUR)	-17
51.	DHANKUDA (SAMBALPUR)	-17
51.	SINAPALI (NAWAPARA)	-17
51.	GUNPUR (RAYAGADA)	-17
51.	RAMNAGUDA (RAYAGADA)	-17
51.	BADSAHI (MAYURBHANJA)	-17
51.	SUKRULI (MAYURBHANJA)	-17
51.	KAMAKHYANAGAR (DHENKANAL)	-17
52.	BHAPUR (NAYAGARH)	-18
52.	NUAGAON (NAYAGARH)	-18
52.	KHAJURIPARA (PHULBANI)	-18
52.	BHEDEN (BARAGARH)	-18
52.	TIHIDI (BHADRAK)	-18
52.	DEOGAON (BOLANGIR)	-18
52.	KHALIKOTE (GANJAM)	-18
52.	KOREI (JAJPUR)	-18
52.	BHOGRAI (BALESORE)	-18
52.	NILAGIRI (BALESORE)	-18
52.	JAYAPATNA (KALAHANDI)	-18
52.	TIGIRIA (CUTTACK)	-18
52.	ODAPADA (DHENKANAL)	-18
53.	BUGUDA (GANJAM)	-19
53.	GHASIPUR (KEONHAR)	-19
53.	BIRIDI (JAGATSINGHPUR)	-19
53.	RAGHUNANPUR (JAGATSINGHPUR)	-19
53.	KORAPUT (KORAPUT)	-19
53.	KHAIRA (BALESORE)	-19
53.	BARANG (CUTTACK)	-19
53.	CUTTACK (CUTTACK)	-19
53.	KHUNTA (MAYURBHANJA)	-19

RANK	BLOCK/DISTRICT NAME	POINT DIFF.
54.	LAXMIPUR (KORAPUT)	-20
54.	JUNAGARH (KALAHANDI)	-20
54.	RAYAGADA (RAYAGADA)	-20
54.	JASHIPUR (MAYURBHANJA)	-20
55.	PHULBANI (PHULBANI)	-21
55.	AMBABHANAR (BARAGARH)	-21
55.	KALAMPUR (KALAHANDI)	-21
56.	KODALA (GANJAM)	-22
56.	BALIAPAL (BALESORE)	-22
56.	SULIPADA (MAYURBHANJ)	-22
57.	BHADRAK (BHADRAK)	-22
57.	PATRAPUR (GANJAM)	-23
57.	KARLAMUNDA (KALAHANDI)	-23
57.	TIRING (MAYURBHANJA)	-23
57.	TANGARAPALI (SUNDARGARH)	-23
58.	DHARAMSALA (JAJPUR)	-24
58.	HEMGIRI (SUNDARGARH)	-24
58.	DHENKANAL SADAR (DHENKANAL)	-24
59.	SAINTALA (BOLANGIR)	-25
59.	BARGAON (SUNDARGARH)	-25
59.	KANIHA (ANUGUL)	-25
60.	DHARAKOTE (GANJAM)	-26
60.	DERABIS (KENDRAPARA)	-26
60.	NANDAHANDI (NOWRANGPUR)	-26
60.	BADAMBA (CUTTACK)	-26
60.	PADAMPUR (RAYAGADA)	-26
61.	TITLAGARH (BOLANGIR)	-27
61.	SERAGUDA (GANJAM)	-27
61.	MATHILI (MALKANGIRI)	-27
61.	SUNDARGARH (SUNDARGARH)	-27
62.	GANIA (NAYAGARH)	-28
62.	HATADIHI (KEONJHAR)	-28
62.	KARANJIA (MAYURBHANJA)	-28
63.	ASTARANGA (PURI)	-29
63.	NARSINGHPUR (CUTTACK)	-29
63.	SARASKANA (MAYURBHANJA)	-29

RANK	BLOCK/DISTRICT NAME	POINT DIFF.
64.	CHIKITI (GANJAM)	-30
64.	JAMDA (MAYURBHANJA)	-30
64.	LAKHAN PUR (JHARSUGUDA)	-30
65.	BINJHAR PUR (JAJPUR)	-31
65.	KASHIPUR (RAYAGADA)	-31
66.	MAHANGA (CUTTACK)	-32
66.	TANGI (KHURDA)	-32
67.	CHHATRAPUR (GANJAM)	-34
68.	KUKUDAKHANDI (GANJAM)	-36
68.	JAJPUR (JAJPUR)	-36
69.	JAGATSINGHPUR (JAGATSINGHPUR)	-37
69.	KHURDA (KHURDA)	-37
70.	BARI (JAJPUR)	-38
70.	SALAPUR (CUTTACK)	-38
71.	TIRTOL (JAGATSINGHPUR)	-39
72.	PARAJANG (DHENKANAL)	-40
73.	SANAKHEMUND (GANJAM)	-41
74.	BANARPAL (ANUGUL)	-43
75.	G. UDAYAGIRI (PHULBANI)	-44
75.	JAGANATHAPRASAD (GANJAM)	-44
75.	BEGUNIA (KHURDA)	-44
76.	BANPUR (KHURDA)	-45
77.	BARAGARH (BARAGARH)	-46
78.	BOLAGARH (KHURDA)	-47
79.	RNNGELIIUNDA (GANJAM)	-57
80.	ATTHAMALIK (ANUGUL)	-59
81.	ASIKA (GANJAM)	-61
82.	BASODEV PUR (BHADRAK)	-84
83.	LEPHARIPARA (SUNDARGARH)	-93
84.	POLASARA (GANJAM)	-104
85.	KAVISURYA NAGAR (GANJAM)	-108
86.	GOINDIA (DHENKANAL)	-133
87.	KHARIAR (NAWAPARA)	-142